



UMC
UNITED
MEDICAL CENTER

Monthly Board Meeting
Date: February 26 2025

**2025 Fiscal Management
Board of Directors**

Angell Jacobs, Chair
Girume Ashenafi
Dr. Malika Fair, MD
Donita Reid-Jackson
Robert Bobb
Wayne Turnage
Dr. Jacqueline Payne-Borden
Dr. na a ub MD



**THE NOT-FOR-PROFIT HOSPITAL CORPORATION
FISCAL MANAGEMENT BOARD OF
DIRECTORS NOTICE OF PUBLIC MEETING**

ANGELL JACOBS, BOARD CHAIR

The monthly Governing Board meeting of the Board of Directors of the Not-For-Profit Hospital Corporation, an independent instrumentality of the District of Columbia Government, will convene at 0pm on Tuesday, February 26 2025. The meeting will be held via Zoom.

Notice of a location, time change, or intent to have a closed meeting will be published in the D.C. Register, posted in the Hospital, and/or posted on the Not- For-Profit Hospital Corporation's website (www.united-medicalcenter.com).

DRAFT AGENDA

- I. CALL TO ORDER**
- II. DETERMINATION OF A QUORUM**
- III. APPROVAL OF AGENDA**
- IV. READING AND APPROVAL OF MINUTES –
January 22, 2025**
- V. CONSENT AGENDA**
 - A. Dr. Mina Yacoub, MD- Chief Medical Officer**
 - B. Dr. Francis O’Connell, MD – Chief of Medical Staff**
 - C. Teka Henderson - VP of Nursing**
- VI. EXECUTIVE MANAGEMENT REPORT**
 - Dr. Jacqueline Payne-Borden, CEO/CNO**
- VII. FINANCIAL REPORT**
 - Lillian Chukwuma, Chief Financial Officer**
- VIII. PUBLIC COMMENT**
- IX. CLOSED SESSION**
- X. OTHER BUSINESS**
 - A. Old Business**
 - B. New Business**
- XI. ANNOUNCEMENTS**
- XII. ADJOURNMENT**

NOTICE OF INTENT TO CLOSE. The NFPHC Board hereby gives notice that it may close the meeting and move to executive session to discuss collective bargaining agreements, personnel, and discipline matters. D.C. Official Code §§ 2-575(b)(1)(2)(4A)(5),(9), (10),(11),(14).



UMC
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MEDICAL CENTER

Monthly Board Meeting

**Date: February
26 2025**

Reading and Approval of Minutes

Minutes Date:

January 22 2025



Not-For-Profit Hospital Corporation
FISCAL CONTROL BOARD MEETING
Wednesday, January 22, 2025 3:30pm
Held via WebEx

Directors:

Chair Angell Jacobs, Robert Bobb, Donita Reid-Jackson, Girume Ashenafi, Dr. Malika Fair

UMC Staff: CEO Dr. Jacqueline Payne–Borden, CFO Lilian Chukwuma, CMO Dr. Mina Yacoub, Gen Counsel Eric Goulet, Perry Sheeley, Roosevelt Dzime-Assion, Marlanna Dixon, Kendrick Dandridge, Attorney Yanira Van Den Broeck, Dr. Francis O’Connell, SM Williams, Cheron Rust, Tracy Follin, Maxine Lawson, Teka Henderson, Tonia Johnson, Derrick Lockhart, Vineela Yannamreddy, LaMonica Threet

Other: Kai Blissett

Agenda Item	Discussion
Call to Order/ Determination of Quorum	By Chair Jacobs at approximately 3:34pm. Quorum determined by Eric Goulet.
Approval of Agenda	<i>Mot to approve agenda by Dr. Fair, 2nd by Dir. Ashenafi unanimous vote</i>
Approval of Minutes	<i>Mot to approve minutes by Dir Ashenafi, 2nd by Dr. Fair unanimous vote.</i>
	CMO Report – Dr. Yacoub <ul style="list-style-type: none"> As UMC moves towards anticipated closure in spring 2025, hospital continues to provide inpatient medical and surgical services in support of the Emergency Department, and continues to provide inpatient Behavioral Health services. We are seeing increased ED

visits and admissions as expected for winter months.

- Medical Staff elections were completed, with election of new vice-chair and two new members-at-large for MEC term beginning January 2025.
- Medical Staff Bylaws have been updated to delineate the process of final closure of UMC Medical Staff office with hospital closure.
- Retention of UMC staff continues to be a challenge as we further approach closure.
- Cedar Hill Regional Medical Center CEO Dr. Anthony Coleman attended UMC Quarterly Medical Staff meeting January 8th, 2025 on invitation by Dr. G. Morrow. Meeting was constructive, and UMC medical staff had opportunity to ask questions and receive answers, including about Cedar Hill credentialing process.
- UMC is continuing to partner with DC Health and Human Services to assist with discharge and placement of UMC patients who no longer meet medical necessity.
- Communicating and coordinating with Cedar Hill Regional Medical Center's Chief Medical Officer and Case Management team to formalize a transfer process for patients who would meet medical necessity criteria and opt for transfer to Cedar Hill upon hospital opening.
- Several crucial UMC physician provider contracts end March 31st, 2025 and UMC would need to ensure funding and contract extensions/agreements are in place to be able to continue providing care beyond that date.

MCOS Report – Dr. Francis O’Connell

- The inpatient and emergency services at UMC remain vital in supporting the health and well-being of Southeast Washington, DC. With no confirmed closure date for UMC or opening date for Cedar Hill Regional, it is imperative that UMC continues delivering essential care aligned with patient needs. A pressing concern is the increasing demand for reliable transport services for transferred and discharged patients, especially those critically ill. Currently, the hospital relies on a fragmented system of vendors, supplemented by other hospital systems and DC Fire and EMS. This approach exposes critically ill and vulnerable patients—such as those experiencing trauma, heart attacks, strokes, obstetric, surgical and medical emergencies—to delays and potential harm, especially when time-sensitive transport is unavailable. Addressing this gap is critical to safeguarding patient outcomes and ensuring timely care.
- Medical staff elections are complete with extension of existing Medical Staff officers and filling of existing vacancies in the Vice Chief of Staff

and Members-at-large positions.

- The medical staff remains engaged with the hospital's efforts to meet the ongoing needs of the community during the transition to Cedar Hill.

CNO Report – Teka Henderson, VP of Nursing

- We continue to collaborate with two agencies for contract labor, and extending these contracts has allowed us to minimize the need for onboarding or hiring new staff. Our team remains committed to effectively managing overtime while ensuring the delivery of high-quality care, which is tailored to patient acuity and census levels.
- With the upcoming closure of the hospital in three months, I am pleased to report that our staffing levels have been effectively managed to meet the needs of both our patients and staff. The census remains stable and continues to exceed expectations.
- Our nursing staff remains deeply committed to upholding the highest standards of nursing excellence. They continue to work within the full scope of their certifications and licensure through the hospital's closure. We are equally dedicated to ensuring full compliance with regulatory requirements and maintaining adherence to all industry standards, reaffirming our commitment to exceptional patient care.
- We are grateful for the opportunity to partner with Cedar Hill Regional Medical Center (CHRM) through the Voluntary Training Program and the Onsite Career Fair. These initiatives play a key role in strengthening nursing excellence and advancing the professional development of our team.
- Case management has played a critical role in ensuring safe and timely discharges, from admission through discharge. We are currently managing a number of complex and challenging cases, including hard-to-place patients, and are collaborating with various local entities to facilitate appropriate placements and transitions. This has truly been a collaborative team effort, with everyone working together to ensure the best outcomes for our patients and the smooth operation of our services.
- December compliance rate was 99.4%. The overall accuracy for the year is 96.4%. Insulin accuracy improvement has been achieved by the collaboration of administration, Nursing, Physicians, Quality, and Pharmacy. The implementation of scheduled orders for all insulin medication orders contributed to a significant improvement in insulin accuracy.
- We will continue to use evidence-base practice and compliance according to the American Diabetes Association Standards of 2024-2025 until closure.

- Daily insulin audits. Continuous unit huddles, Relias required training and detailed instructions to all new hires during onboarding. We have maintained a 99% benchmark for the past 5 months.
- There were no transfers to St. Elizabeth, one transfer to the medical floor, and no transfers from the medical floor to behavioral health for the month of December. There were no court appearance/commitment hearings.

Executive Management Report - Dr. Jacqueline Payne Borden

- The standards set by the District of Columbia Health, Joint Commission, and Centers for Medicare & Medicaid Services, and the Mission, Vision and Values of NFPHC posits for a safe and functional environment for all patients, visitors, and hospital employees. The Executive Leadership team continues to strive to function by these standards and to hold each employee accountable to these standards.
- Closure Plan Updates: The Hospital Closure Plan, Phase 2 – closure of the Primary Care and the Ob/Gynecology Clinics were successfully accomplished on December 20, 2024. Timely communication/notifications was provided to both internal and external stakeholders including patients, physicians, and staff.
- On January 8, the State Health Planning and Development Agency (SHPDA), authorized UMC's permanent closure of all outpatient services. In mid-November, the request for Phase 3 - closure of the Emergency Services, Inpatient and all Ancillary and Support Services was submitted to SHPDA and the Health Regulation and Licensing Administration (HRLA).
- After submission, SHPDA requested additional information such as demographics, zip codes, types of services, and complex to discharge patients data. The goal is to initiate Phase 3 when Cedar Hill Regional Medical Center (CHRM) is operational and ready to accept the first patient. United Medical Center's leadership and CHRM's leadership will continue working together as UMC progress towards closure and CHRM progress towards opening.
- Official patient and community wide closure communication is delayed pending SHPDA's review of closure plan. However, plans are in progress for roll out of communications campaign to include mailers, banners and communication with Wards 8 and Ward 7 Advisory Neighborhood Commissions (ANC). United Medical Center and CHRM are contemplating having at least one joint messaging for the community.
- Meetings are being scheduled with both DC and Prince George's County Fire and Emergency Services (FEMS) Fire Chiefs, Medical Directors, key UMC staff and physician leaders.
- This is in preparation for timely communication, strategic planning to ensure a safe and coordinated transport of patients to other healthcare

	<p>facilities including coordinating ambulances and routes to minimize disruptions and ensure timely transfer of critical patients. The hospital currently has two transportation vendors with different capabilities and limitations.</p> <ul style="list-style-type: none"> • The Case Management leaders and other hospital team members, continues to engage in productive bi-weekly work group with various external agencies lead the office of the Deputy Mayor of Health and Human Services (DMHHS) to strategize and bring solutions for complex to place/discharge patients. The length of stay (LOS) for these patients range from 32-365 days. • A sample of barriers includes: awaiting feedback after applying for housing, awaiting acceptance to area nursing and rehabilitation facilities and level of care assessment. There were eight cases when the work group was initiated, that has decreased to three due to the excellent collaboration and commitment of the work group. • Flu Season: The mandatory influenza vaccine was available at UMC's Occupational Health from October through December 31, 2024. The current compliance rate is 98.5%. Staff or contractors who are not in compliance will have voluntarily resigned their employment or privileges per IC Policy 6-08. • The Information Technology (IT) Department continues to upgrade all systems and networks with the latest patches. Provided data for financial audits, assisted with cost reports, open enrollment and completed year end processing (benefits). • Implemented Closure Answering Service for the Outpatient clinics. Phone lines for Outpatient clinics were configured to play recorded informational message when the lines are called. Installed a new security camera in the ED Bay patient entrance to replace outdated system. This system is compatible with the Omnilert Gun Detection System. All IT communications infrastructure continues to be maintained. There were no cyberattacks during December 2024. • The Voluntary Healthcare Professionals Training Program facilitated by George Washington University Hospital/UHS, in collaboration with Department of Health Care Finance and NFPHC/UMC ended on January 15. Fulltime and partime UMC employees were eligible to participate. • There were 213 registered participants, 64% completed at least one module per December's report. A comprehensive report will be provided by GW/UHS by the end of this month as planned. • The Department of Pharmacy continues to participate and work in collaboration with Ward 8 Community's Opioid Solutions Working Group-Health Alliance Network. Our VP Pharmacy, Dr. Maxine Lawson remains the volunteer Co-Chair for the Live.Long. DC which focuses on the reduction, misuse of opioids and opioid related deaths.
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	<ul style="list-style-type: none"> • All nursing programs have completed their clinical rotations at the Not-for-Profit-Hospital Corporation/UMC after many years of clinical affiliation. This month was the final clinical rotation due to pending closure. • On behalf of UMC, we are grateful to all the schools for choosing our facility for their students. UMC valued the opportunities to contribute to their education and development while providing the students high-quality learning experiences that reflect real-world challenges and rewards of nursing practice. <p><i>Mot to accept CEO, VP of Nursing, CMO and MCOS reports by Dr. Fair, 2nd by Director Reid-Jackson, unanimous vote.</i></p>
	<p><i>Motion to enter Closed Session by Director Ashenafi, 2nd by Dr. Fair Unanimous vote.</i></p>
Public Comment	
Closed Session	<p>Eric Goulet read the justification for entering Closed Session.</p> <p><i>Eric Goulet conducted roll call</i></p> <p>Open Session ended at approximately 4:10 pm.</p> <p>Closed session began at approximately 4:13 pm.</p> <ul style="list-style-type: none"> • MEC Credentials. <p>Mot to approve new appointments, reappointments as presented by Dir. Reid-Jackson, 2nd by Dr. Fair</p> <p>Mot to approve new appointments, reappointments as presented by Dir. Fair, 2nd by Ashenafi</p> <p>Mot to approve contracts by Dir Reid-Jackson, 2nd by Dir. Bobb, unanimous vote.</p> <p>Mot to end closed session by Dir. Ashenafi.</p> <p><i>Closed session ended at approximately 4:23pm</i></p>

Announcements	During closed session the board approved medical credentials, and MEC policies and proposed contracts and settlements.
Adjourned.	Mot to adjourn Dr. Fair 2 nd by Dr. Ashenafi Meeting adjourned at approximately 4:26pm



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**Monthly Board
Meeting**

**Date: February
26 2025**

Consent Agenda



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**Monthly Board
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**Date: February
26 2025**

**CMO Report,
February 2025**

**Dr. a ub
Chief Medical Officer**



CHIEF MEDICAL OFFICER REPORT

FEBRUARY 15, 2025
EXECUTIVE SUMMARY

April 15, 2025 will be the last day of UMC hospital inpatient operations, and is the scheduled date for opening of Cedar Hill Regional Medical Center. UMC Hospital Administration is working collaboratively with our local healthcare partners, patient transport vendors, hospital and city logistical support services, DC Department of Health, and our patient community on plans to rapidly and safely phase out inpatient care services as we approach closing. The ability to maintain staff retention in clinical and support areas remain challenges that continue to be addressed. UMC is collaborating with Cedar Hill Regional Medical Center executive and clinical leaderships to facilitate patient transfers to Cedar Hill on its opening day.

Meanwhile, hospital continues to provide inpatient medical and surgical care in what continues to be a busy winter season where admissions and inpatient volumes remain relatively high. Medical Staff Bylaws are being updated to formalize dissolution of the UMC Medical Staff office with hospital closure. Communication to Medical Staff members to update on closure plans pertaining to responsibilities for medical records completion, appointment files, and procedure logs will follow shortly.

Sincerely,

Mina Yacoub, MD
Chief Medical Officer
United Medical Center



UMC
UNITED
MEDICAL CENTER

**Monthly Board
Meeting**

**Date: February
26 2025**

**Medical Chief of
Staff Report for
January 2025 Dr.
Francis O'Connell,
Medical Chief of
Staff**



Francis O'Connell, M.D., Chief of Staff

JANUARY 2025

Re: Chief of Staff Monthly Report

This monthly report is being submitted on behalf of the Medical Staff at United Medical Center (UMC):

The inpatient and emergency services at UMC remain vital in supporting the health and well-being of Southeast Washington, DC. Emergency Department volume remains steady with the number of admissions and patient acuity increasing over the past month. With the anticipated closure of UMC in 2 months, it is imperative that UMC continues delivering essential care aligned with patient needs. UMC's closure and Cedar Hill Regional's opening on April 15th present significant challenges. Reducing UMC's patient volume in the final month is essential to minimize last-day discharges and transfers. However, current ambulance and walk-in trends make this difficult. Redirecting UMC's patient load without enhancing other District hospitals' capacity risks overwhelming an already strained system with high occupancy, long ED wait times, and increased boarding. Maintaining essential care and addressing transportation constraints during the transition is imperative.

The medical staff remains engaged with the hospital's efforts to meet the ongoing needs of the community during the transition to Cedar Hill.

Francis O'Connell M.D.
Chief of Staff
United Medical Center



Mina Yacoub, M.D., Chairman

JANUARY 2025

Admissions, Average Daily Census and Average Length of Stay, Mortality

Admissions to the ICU continue to increase each month of this winter season, with this February on track to being the busiest. In January, the Intensive Care Unit (ICU) had 75 admissions, 72 discharges, and 301 Patient Days. Average Length of Stay (ALOS) was 4.2 days. The ICU managed a total of 82 patients in January and average daily census was 11 patients. There were no readmissions to ICU within 48 hours of ICU discharge. Three patients required transfer to Tertiary Hospital ICUs for higher levels of care. There were 7 deaths for 72 discharges, with an overall ICU mortality rate of 9.7 %.

JANUARY 2025 PERFORMANCE DATA

ICU Sepsis Data

In January, the ICU had no healthcare or device related infections. ICU managed 24 cases of severe sepsis, with four deaths due to severe sepsis, for a severe sepsis mortality rate of 16.7 %. ICU infection control data is compiled by Infection Prevention and Quality Improvement Department. The ICU infection control data is reported regularly to the National Hospital Safety Network (NHSN). Detailed report is provided by Infection Prevention.

Rapid Response and Code Blue Teams

ICU continues to lead, monitor and manage the Rapid Response and Code Blue Teams at UMC. Reports are reviewed monthly in Critical Care Committee meeting with Nursing and Quality Department. Goal is to increase utilization of Rapid Response Teams to decrease cardiopulmonary arrest episodes on the medical floors, and improve patient outcomes.

Mina Yacoub, MD,

Chair, Department of Critical Care Medicine

February 15, 2025



Mina Yacoub, M.D., Chairman

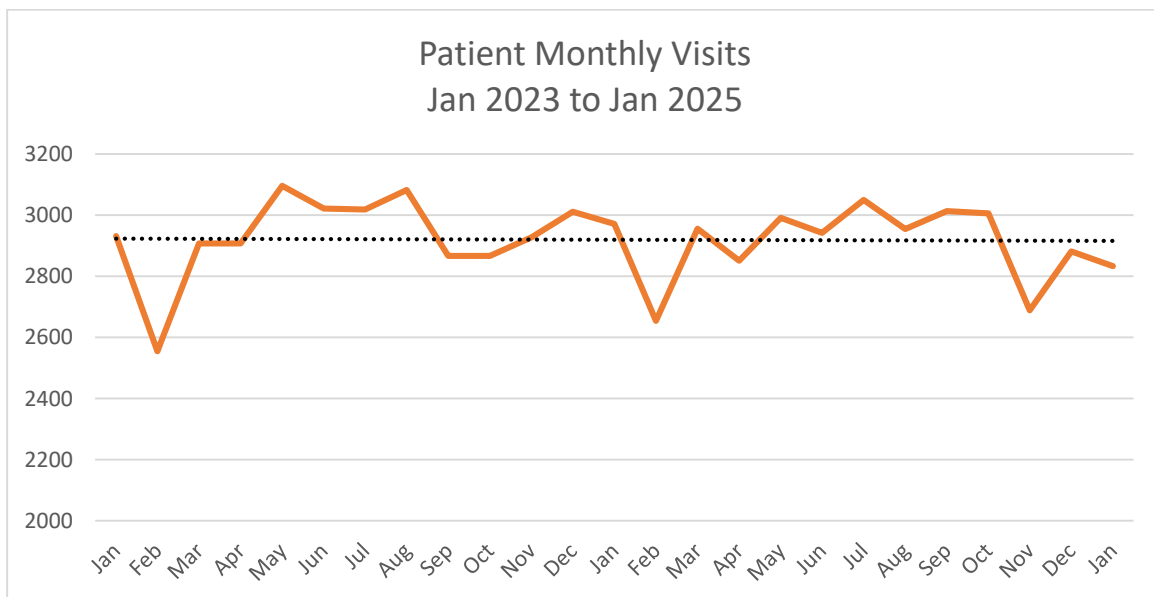
JANUARY 2025

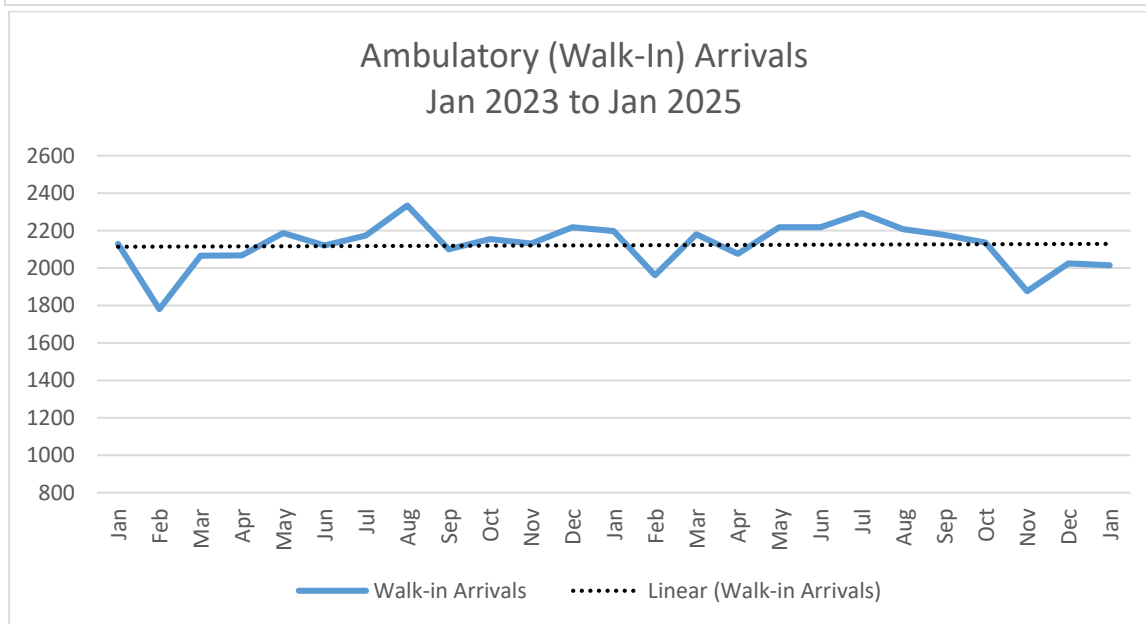
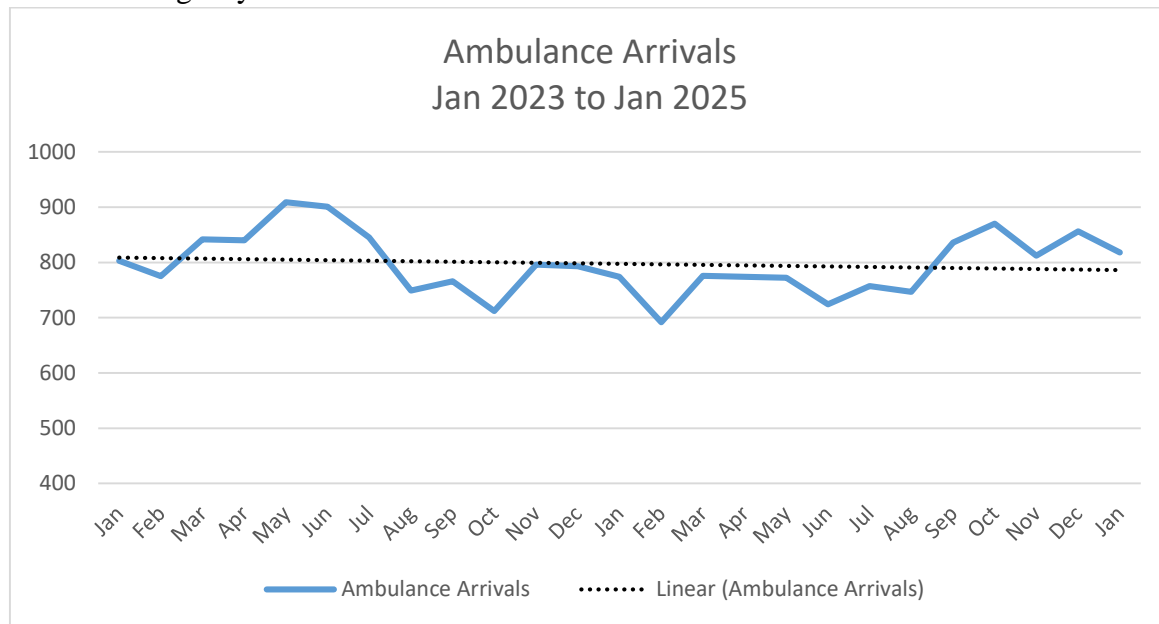
Enclosed is a summary of United Medical Center's (UMC) Emergency Department (ED) volume and key measures for January 2025. Also included are graphic tables to better highlight important data.

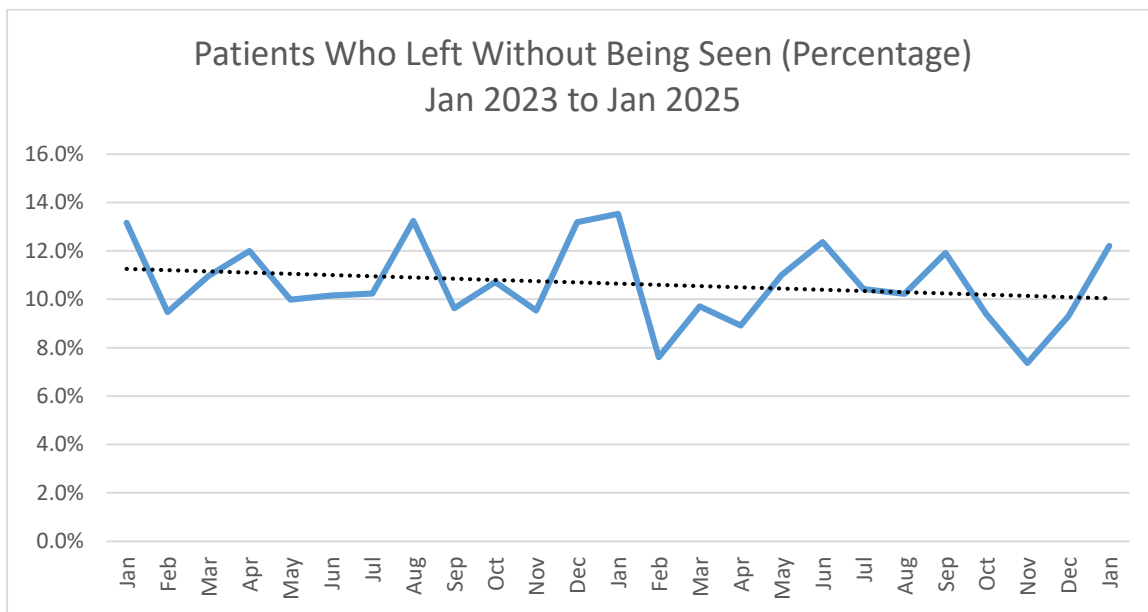
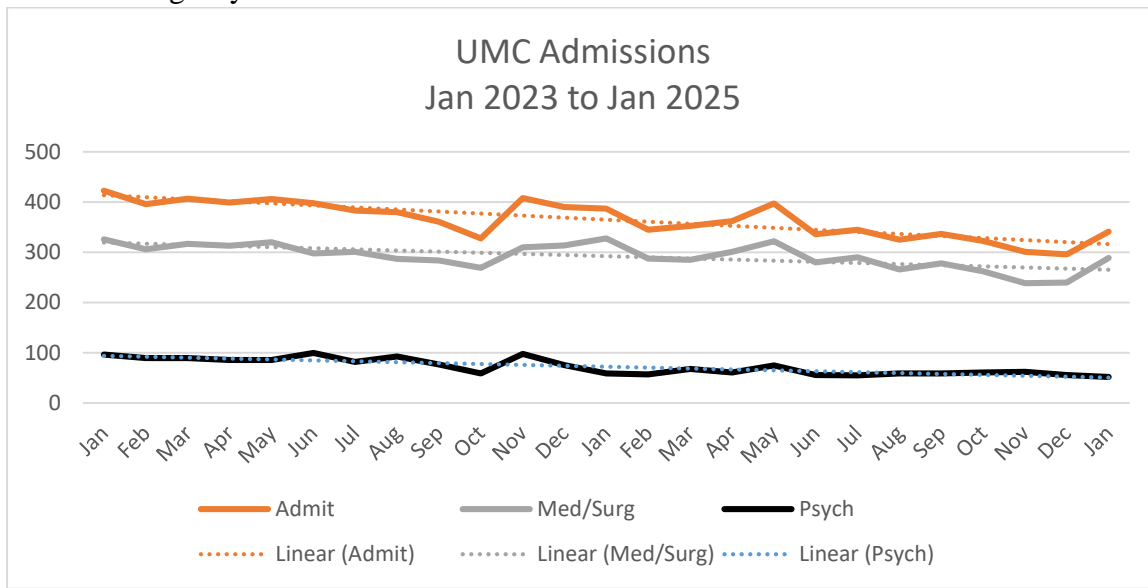
Data used for this, and past ED reports was derived from Meditech (hospital EMR) raw data provided by hospital's IT department.

Definitions of the terms used in this report are as follows:

- **Total Patients:** number of patients who register for treatment in the ED
- **Daily Average Census:** total patients divided by days of the month
- **Ambulance Arrivals:** number of patients who arrive by ambulance
- **Admit:** number of admissions to UMC
 - **Med/Surg:** number of medical/surgical patients admitted (includes ICU admissions)
 - **Psych:** number of patients admitted to the behavioral health unit
- **ED Transfers:** number of patients requiring transfer to a higher level of care
- **LWBS:** Left without being seen rate is the number of patients who leave prior to seeing a provider and is made up of two categories: LAT and LPTT
- **Ambulance Admission Rate:** percentage of ambulance arrivals that are admitted
- **Walk-In Admission Rate:** percentage of walk-in patients that are admitted







Data tables:

ED Volume and Events						
	Jan 2023	%	Jan 2024	%	Jan 2024	%
Total patients	2932		2972		2833	
Daily Avg Census	95		96		91	
Ambulance Arrivals	803	27.4%	774	26.0%	818	28.9%
Admit	423	19.9%	387	13.0%	341	12.0%
• Med Surg	326	15.3%	328	11.0%	289	10.2%
• Psych	97	4.6%	59	2.0%	52	1.8%
Transfers	50	2.3%	76	2.6%	84	3.0%
LWBS	386	13.2%	402	13.5%	346	12.2%
Ambulance Admission Rate	32.9%		31.3%		25.6%	
Walk-In Admission Rate	7.5%		6.6%		6.6%	

Key Points:

1. The tabular data reported this month includes data from the past three years.
2. Trends for total ED visits (ambulances and walk-in visits) remains steady with minor month-to-month fluctuations
3. The LWBS gently trends downward over the past three years, though there was a sharp rise in LWBS in Jan 2025.
4. The number of transfers continues to trend upwards.

Commentary:

• **Staffing:** The stable number of total ED visits and Med/Surg admissions underscores the need for consistent clinical staffing. A reduction in nursing staff in January 2025 led to excessive boarding and an increase in LWBS during that month. ED boarding and higher LWBS rates are associated with poorer patient outcomes and must be prevented. The hospital should ensure ED and inpatient staffing levels are aligned with patient volume to mitigate these risks.

- **Seasonal Preparedness:** The ED is experiencing a rise in seasonal illnesses, including COVID-19, flu, and other respiratory viruses. This has resulted in an increase in ICU patient boarding within the ED. ICU patients boarded in the ED face higher risks of mortality and morbidity, highlighting the need for improved capacity and preparedness.
- **Transportation:** The hospital's current fragmented system of patient transportation—relying on multiple vendors, other hospital systems, and DC Fire and EMS—creates delays that can harm critically ill patients, including those with trauma, heart attacks, strokes, obstetric, surgical, and medical emergencies. Establishing a more reliable and streamlined transport system is essential for ensuring timely and safe patient care.
- **Anticipated Closure:** UMC is scheduled to close, and Cedar Hill Regional Medical Center is set to open on April 15th. Reducing patient volume at UMC in the final month is essential to minimize and effectively accommodate ED discharges and transfers on the final day. However, current ambulance and walk-in visit trends make this challenging. Redirecting the volume of UMC patients and ambulances without augmentation of other District hospitals risks overwhelming an already strained system plagued with high inpatient occupancy rates, prolonged ED wait times and boarding.

The ED remains engaged in meeting the ongoing needs of the patients as well as those related to the current and emerging health issues in the region.

Francis O'Connell, M.D.
Chairman, Department of Emergency Medicine



Musa Momoh, M.D., Chairman

JANUARY 2025

The Department of Medicine remains the major source of admissions to and discharges from the hospital.

ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	TOTAL
ADMISSIONS													
OBSERVATION													
MEDICINE	104												104
HOSPITAL	104												104
PERCENTAGE	100%												100%
REGULAR													
MEDICINE	182												182
HOSPITAL	236												236
PERCENTAGE	77%												77%
DISCHARGES													
OBSERVATION													
MEDICINE	104												104
HOSPITAL	104												104
PERCENTAGE	100%												100%
REGULAR													
MEDICINE	134												134
HOSPITAL	186												186
PERCENTAGE	72%												72%
PROCEDURES													
HEMODIALYSIS	137												137
EGD'S	9												9
PEG'S	1												1
COLONOSCOPY	3												3
ERCP	0												0
BRONCHOSCOPY	0												0
QUALITY													
Cases Referred to Peer Review	0												0
Cases Reviewed	0												0
Cases Closed	0												0

Musa Momoh, M.D.
Chairman, Department of Medicine



Sreedevi Kurella, M.D., Chairwoman

JANUARY 2025

United Medical Center Laboratory Services- Indicators 2024

Performance Indicators	Goal	Baseline 2023	Baseline 2024	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	YTD AVG/TOTAL	Improvement vs baseline
STAT ED TEST SPECIFIC TATs 45 minutes and Volumes	Chem7	95%	95.6%	97.0	98.0											98.0	1.00
	# test			149												149	
	Chem12	95%	95.6%	96.8	97.6											97.6	0.80
	# test			1210												1210	
	Troponin	95%	83.6%	88.4	87.9											87.9	(0.50)
	# test			621												621	
	URINALYSIS	95%	97.6%	97.5	97.1											97.1	(0.40)
	# test			875												875	
STAT 60 minutes Volumes	Urine Drug	90%	91%	94.3	93.6											93.6	(0.70)
	#test			141												141	
	Covid PCR	90%	44%	91.6	93.7											93.7	2.10
	#test			1009												1009	
	Average			45.6	44											44.0	1.60
Blood Culture Contamination	Goal	Baseline 2023	Baseline 2024	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC		
% Blood culture Contamination	<3%	10.9	7.3	6.4												6.4	(0.90)
Volumes	Total	# test		390												390	
Number Contaminated	#Total Contaminated	#		25												25	% of total Contaminated
Collected by Ed	# From ED	#		21												21	84.0%
Performance Indicators	Goal	Baseline 2023	Baseline 2024	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC		
Utilization of Red Blood Cell Transfusion C/T Ratio = 1.0 - 2.0	Utilization of Red Blood Cell Transfusion C/T Ratio = 1.0 - 2.0	1.0 - 2.0	1.2	1.2												1.2	
Wasted/Expired Blood and Blood Products; Target = 0	Wasted/Expired Blood and Blood Products; Target = 0	0	1.5	1.5	2											2	
STAT ED	Goal	Baseline 2023	Baseline 2024	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC		
30 minutes	CBC	95%	90.9%	96.4	97.0											97.0	0.6
	# test			1352												1352	
45 minutes and Volumes	PT	95%	90.9%	93.5	94.0											94.0	0.5
	# test			185												185	
	PTT	95%	88.0%	92.8	92.3											92.3	-0.5
	# test			184												184	

January Notes: Chem 7 & 12, Urinalysis met the 95% goal in 45 minutes. Troponin did not meet the 95% goal at 87.9%. Urine Drug met the 90% goal in 60 minutes at 93.6%. Covid 93.7%, with a target 90% in 60 minutes. CBC met the 95% in 30 minutes. PT and PTT did not meet 95% in 45 minutes at 94.0% and 93.2%. 2 Pack cells expired in storage. Phlebotomist 0 needlesticks. BloodCulture contamination 6.4% with a target of 3%. We also struggle as does the rest of the healthcare industry with staffing.

Sreedevi Kurella, M.D



Dida Ganjoo, M.D., Chairwoman

JANUARY 2025

UMC Behavioral Health Unit January 2025 Board Report													
Description		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Admissions													
	ALOS (Target <7 Days)	3.84											
	Voluntary Admissions	22											
	Involuntary Admissions = FD12	29											
	Total Admissions	51											
	Average Daily Census	8											
Other Measures													
	Average Throughput (Target: <2 hrs)	1.47											
	# TeleCourt Meetings (Pt Hearings)	0											
	# Psych Consultations	165											
	Psychosocial Assessments (Target: 80%)	67%											
Discharge													
	Discharges	49											

Dida Ganjoo, M.D.
Chairwoman, Department of Psychiatry



Kusha Mehta, M.D., Chairman

JANUARY 2025

Exam Type	Exams (INP)	Units (INP)	Exams (ER)	Units (ER)	Exams (OUT)	Units (OUT)	Exams (TOTAL)	Units (TOTAL)
CT Scan	44		624		80		748	
Fluoro	4		2		0		6	
Ultrasound	42		184		34		260	
X-ray	97		859		352		1308	
CNMC CT Scan	0		47		0		47	
CNMC X-ray	0		388		0		388	
Grand Total	187		2104		466		2757	

Quality Initiatives, Outcomes:

1. Core Measures Performance

- 100% extracranial carotid reporting using NASCET criteria
- 100% fluoroscopic time reporting
- 100% presence or absence hemorrhage, infarct, mass.
- 100% REPORTING <10% BI RADS

2. Morbidity and Mortality Reviews: There were no departmental deaths.

3. Code Blue/Rapid Response Teams (“RRTs”) Outcomes: No code.

4. Evidence-Based Practice (Protocols/Guidelines):

- Staff attention and PPE procedures for COVID -19 is regular, in line with DC Government recommendations.

Services:

Fluoroscopy: Philips bariatric table room is tailored to general diagnostic Barium exams mainly GI (gastrointestinal) applications, and fluoroscopic guided radiological procedures.

Active Steps to Improve Performance: The active review of staff performance and history to be provided for radiologic interpretation continues.

Kusha Mehta, M.D.

Chairman, Department of Radiology



Gregory Morrow, M.D., Chairman

JANUARY 2025

For the month of January 2025, the Surgery Department performed a total of 53 procedures.

The chart and graph below show the annual and monthly trends over the last 6 years:

	2019	2020	2021	2022	2023	2024	2025
OCT	211	175	146	135	150	100	59
NOV	196	138	156	137	127	110	51
DEC	192	156	146	132	110	102	50
FIRST QUARTER TOTALS	599	469	448	404	387	312	160
JAN	210	195	147	121	111	84	53
FEB	180	167	153	126	106	96	
MAR	158	82	133	146	145	101	
SECOND QUARTER TOTALS	548	444	433	393	362	281	
APR	211	57	156	148	125	111	
MAY	186	74	159	123	128	111	
JUN	177	126	172	113	108	117	
THIRD QUARTER TOTALS	574	257	487	384	361	339	
JUL	186	140	177	103	92	120	
AUG	193	161	155	114	119	98	
SEP	182	162	126	124	96	55	
FOURTH QUARTER TOTALS	561	463	458	341	307	273	
ANNUAL TOTAL	2282	1633	1826	1522	1417	1205	163

This month ended with a 3.8% increase compared to last month and 36.9% decrease compared to the same month last year.

Factors contributing to this trend include:

- Stable ED admissions but fewer inpatient surgeries
- Closure of Specialty Clinics and Elective Outpatient Surgery

We will continue to monitor trends related to the Covid-19 pandemic and resurgence and institute additional safety measures, as necessary.

Department of Surgery

We continue to meet or exceed the monthly quality and performance improvement outlined for the Surgery Department.

<u>MEASURE</u>	<u>UMC</u>	<u>NAT'L AVG</u>
1) Selection of Prophylactic Antibiotics	100%	92%
2) VTE Prophylaxis	100%	95%
3) Anastomotic Leak Interventions	0%	2.2%
4) Unplanned Reoperations	0%	3.5%
5) Surgical Site Infection	0%	4.8%

We remain below national benchmarks for our annual numbers.

We will continue to assess the data and make improvements where possible.

Starting September 1, 2024, the OR reduced to a 1 room daily schedule to accommodate inpatient surgical procedures only. In response, changes in the OR staffing shifts were made to optimize OR utilization.

We continue to optimize staffing to maximize efficiency and reduce overtime in the OR for Perioperative Nursing and OR Techs.

Respectfully,

A handwritten signature in black ink, appearing to read 'Gregory D. Morrow', with a large, stylized initial 'G' and a long, horizontal flourish extending to the right.

Gregory D. Morrow, M.D., F.A.C.S.
Chairman, Department of Surgery



UMC
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MEDICAL CENTER

**Monthly Board
Meeting**

**Date: January
22, 2025**

**Nursing
Department Report
for December 202**

**Teka Henderson, VP
of Nursing**

United Medical Center Nursing Board Report January 2025

Overall State of Nursing Department(s)

Staffing:

We continue with our milestones and are making great progress with the hospital's pending closure in two months. We continue to monitor staffing, patient volume, acuity, etc. on a daily basis as this combination is fluid and ongoing. As a result, currently, we are on track with staffing and anticipate continuing our efforts to reduce contract labor to a minimum.

Nursing Excellence

We are grateful for our nurses. Our nurses are dedicated to the community we serve. They continue to support patient care by remaining steadfast and dedicated to providing patient care at UMC and continuing their education to provide the best evidence-based practices until hospital closure. This demonstrates our commitment to improving patient care, our bond in strengthening nursing excellence and advancing nursing care overall.

Case Management

Case management is working extremely hard at facilitating timely discharges and placement of hard to place patients. Discharges began with admission and ends after discharge. We continue to manage seven complex and challenging cases, that do not meet medical necessity, have social barriers, or other determinants of health making it difficult to provide a safe discharge. We are partnering with various local entities in the District of Columbia to facilitate safe and appropriate placements and transitions prior to hospital closure.

ICU

Month	Admission	ADC	Sepsis	Code Blue	Rapid Response	Transfers
January	74	11	24	14	4	3

There were 74 ICU admissions for the month of January compared to 65 in December.

Education

Heparin Infusion Protocol
Certifications (ACLS/BLS)
Hypoglycemia Protocol
Hyperglycemia DKA or Tight Glucose Control protocol
Insulin Administration for Accuracy
Patient Consent Forms
Suicide Risk and Prevention Training
Foley Catheter Physician Orders
Wound Care Protocol

Braden Scores for skin assessment
 Turning and Repositioning
 Restraint Monitoring
 Medication management (administration/waste)

PI Initiatives

Continuation of wound Consults and initiation of treatment plans
 Wound treatment orders will be automatically generated from wound consults and skin assessment documentation in meditech.
 Pictures of all wounds for documentation
 Measure to prevent respiratory infections in ventilated patients
 Hand Hygiene

PERIOPERATIVE

OR/PACU	CASES	In Pt	Out Pt	# of CX	CODE BLUE	Infinite Legacy	Death
January	50	50	0	7	1	0	0

There were 49 cases last month.

Education

Relias 2025 Hospital Based Mandatories

PI Initiatives

Pain medication care plan chart audits (PACU)
 Handwashing - PACU
 OR – inpatient readiness consents for surgery and intra-operative documentation

Service Recovery

In real time

DIABETES

There were 8 insulin drips this month and 124 last year.

UMC QAPI Master Dashboard						<div></div>	At or Exceeds Target				<div></div>	Within 10% of Target				<div></div>	Target not met				<div></div>	Amended							
2025	Threshold	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		Q1	Q2	Q3	Q4	YTD										
DIABETES CENTER→ QAPI MEETING																													
CORRECTION INSULIN ADMINISTRATION COMPLIANCE										BENCHMARK = 100%																			
Total # of Novolog ORDER		78																											
Total # of Novolog orders administered correctly		77																											
% Compliance		98.7%	-	-	-	-	-	-	-	-	-	-	-		-	-	-	-	-										

January compliance rate was 98.7%. The overall accuracy for 2024 is 96.4%. Insulin accuracy improvement has been achieved by the collaboration of administration, Nursing, Physicians, Quality, and Pharmacy. The implementation of scheduled orders for all insulin medication orders contributed to a significant improvement in insulin accuracy.

We will continue to use evidence-base practice and compliance according to the American Diabetes Association Standards of 2024-2025 until closure.

Education

Daily insulin audits. Continuous unit huddles, Relias required training and detailed instructions to all new hires during onboarding. We have maintained a 99% benchmark for the past 5 months.

Emergency Department

ED Metrics Empower Data	Aug	Sept	Oct	Nov	Dec	Jan
Visits	2958	3014	3013	2693	2890	2840
Change from Prior Year (Visits)	3084	2867	2866	2927	3011	2972
% Growth	-4.26	4.88	4.88	-8.69	-4.19	-4.65
Ambulance Admitted	201	227	198	203	178	208
Ambulance Arrivals	747	837	870	812	857	819
Ambulance Patients Admission Conversion	0.27	0.28	0.23	0.25	0.21	0.25
% of ED patients arrived by Ambulance	0.25	0.27	0.29	0.30	0.30	0.29
% of Ambulance Patients Admitted	0.27	0.28	0.23	0.25	0.21	0.25

ED Metrics Empower Data	Aug	Sept	Oct	Nov	Dec	Jan
Door to triage	19	20	18	21	21	21
Door to room	88	97	77	75	94	111
Door to provider	96	108	91	87	105	122
Door to departure	253	263	242	250	272	278
Door to decision to admit	346	371	308	326	364	359

Education

EMTALA

Infinite Legacy- call with 1 hour of death

Vital signs and rounding notes Q2hrs/LWBS/ CSSR nursing documentation

Restraints: Mechanical: assessment every 15 minutes

Chemical: every 15 minutes x 2 hours

PI Initiatives

Sitter FD12 hourly documentation/sitter handoff

Property list documentation for FD12 (contraband search)

Service Recovery

In real time

Respiratory Therapy

Education

Shift huddle education on patient advocacy, respiratory therapist responsibility and accountability.

PI Initiative

Critical value reporting compliance was 99.4%. Documentation compliance increased to 97%.

Occupational Health:

Month	PRE-EMP	ANNUAL	COVID TEST	Work CLEARANCE	COVID +	Fit Test	Flu Vacc	Covid Booster	Others	Totals
January	1	18	11	13	2	20	24	0	21	110

Behavioral Health:

Month	ADM	ADC	AMA	LOS	DISC	FALLS	ELOP	SECLUSION	MECHANICAL Restraints	PHYSICAL HOLD
51 FD-12 29 Vol 22	51	8	0	3.84	49	0	0	0	0	0

There were no transfers to St. Elizabeth, the medical floor, and no transfers from the medical floor to behavioral health for the month of January. There were no court appearance/commitment hearings.

Education

Education focused on securing patient property, safety and security rounds, environmental rounds and reporting of issues, and crisis intervention.

PI Initiatives

- A. Q 15-minute tech & Q 2-hour RN clinical observation
- B. Pain and restraint/seclusion audits
- C. Documentation

Respectfully submitted,
 Dr. Teka Henderson, DNP, MSN, BSN, ADN, RN
 Vice President of Nursing



UMC
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**Monthly Board
Meeting**

**Date: February
26 2025**

**Executive
Management Report
for January 2025**

**Dr. Jacqueline Payne-
Borden
Chief Executive Officer**



Executive Leadership Board Report Meeting: February 2025

The standards set by the District of Columbia Health, Joint Commission, and Centers for Medicare & Medicaid Services, and the Mission, Vision and Values of NFPHC posit for a safe and functional environment for all patients, visitors, and hospital employees. The Executive Leadership team continues to strive to function by these standards and to hold each employee accountable to these standards.

The following are some highlights:

Closure Plan Updates: At the end of January UMC's leadership hosted two hybrid town hall sessions to discuss UMC's path forward as the hospital prepares for closure. There were over 120 employees in attendance at each session both in person and remotely. Employees asked frank questions and received responses accordingly; employees expressed appreciation for having this forum which enhanced communication. In mid-November, the request for Phase 3 - closure of the Emergency Services, Inpatient and all Ancillary and Support Services was submitted to State Health Planning and Development Agency (SHPDA) and the Health Regulation and Licensing Administration (HRLA). These agencies have been in close contact with UMC, seeking clarifications, additional data, and providing guidance. On the request of SHPDA and HRLA, clinical and staffing data are being provided on a weekly basis and will continue through closure.

Preliminary meetings were held with both DC and PG County Fire Emergency Services (FEMS) Fire Chiefs, Medical Directors, key UMC staff and physician leaders. This is in preparation for timely communication and strategic planning on the day of closure, with the goal of safe and coordinated transport of patients to other healthcare facilities. The hospital currently has two transportation vendors with different capabilities and limitations. Primary vendor will provide an addendum to current contract to include enhanced capabilities such as providing nursing support and additional ambulances on the closure date to facilitate effective and timely transportation.

The hospital will have a closure drill on March 6. Invitees include external stakeholders such as DC/PG FEMS, Vesper, Protector, SHPDA, HRLA, Children's National Medical Center and Cedar Hill Regional Medical Center (CHRM). The purpose of the drill is to rehearse the entire walk-through tasks that must be completed to safely, efficiently and timely transport all patients from UMC to other facilities on April 15, 2025. This drill/discussion will also cover key activities that must be completed prior to the actual transfer of patients, including but not limited to non-emergent patients, long stay patients and decompressing/limiting ED activity especially the patients arriving by Emergency Medical Service (EMS) which accounts for approximately 63% of our inpatient admissions. The plan is to officially request DC/PG EMS, and Comprehensive Psychiatric Emergency Program (CPEP) to bypass UMC starting at least 15 days prior to closure.

Case Management leaders, other hospital team members and various external agencies lead by the office of the Deputy Mayor of Health and Human Services (DMHHS) have increased work group meetings from bi-weekly to weekly meetings to strategize and bring solutions for complex



to place/discharge patients. At present there are nine long stay patients ranging from 19 - 426 days awaiting appropriate disposition. The hospital closure date is rapidly approaching, decisions need to be made as to definitive measures beyond conventional, to expedite appropriate patient discharge well before the hospital is closed.

In preparation for closure and post closure activities, UMC remains in collaboration with external agencies such as Office of Risk Management (ORM), Department of General Services (DGS), Office of Contracting and Procurement (OCP) and Office of the Chief Technology Officer (OCTO). Two of the agencies have visited campus and toured the building on couple of occasions.

United Medical Center's Communications Liaison and this writer attended a Ward 8 Health Council meeting early in January, as well as anticipate attending upcoming Advisory Neighborhood Commission sessions to thank community and remind community of the upcoming hospital closure.

The Information Technology Department continues with monthly activities. Ongoing reporting for audits-completed attestations for promoting systems interoperability CY2024. Decommissioned wireless network for the Medical Outpatient Building (MOB). Working with OCTO regarding data archival and UMC data center transition. There were no cyber-attacks for the month of January.

The Voluntary Healthcare Professionals Training Program facilitated by George Washington University Hospital/UHS, in collaboration with Department of Health Care Finance and NFPHC/UMC officially launch on November 6, 2023 and ended January 31, 2025. Employees were encouraged to participate in this self-paced training program, not only to enhance their knowledge base but to increase the probability of being hired should they apply for employment at CHRMC. There were a total of 215 participants of which 67% completed at least one learning module. *Please see attached, *DC Workforce Development Voluntary Healthcare Professional Training Program Report* for details.

All departments within UMC continues to provide services at or above the standards required by the various regulatory and accrediting agencies. The hospital continues to serve patients in the Emergency Department, Inpatients Units, Dialysis, Emergency Surgery, Post Anesthesia Care, in conjunction with all Ancillary and Support Services.

Respectfully submitted,

//Jacqueline A. Payne-Borden//
Chief Executive Officer/Chief Nursing Officer

DC Workforce Development Voluntary Healthcare Professional Training Program Report

2/21/25

Background

- The DC Workforce Development Voluntary Training program was developed to comply with L23-138, the New Hospital at St. Elizabeth's Act of 2020 and its component parts, particularly, Section 8.4.1 of the New Hospital's Operating Agreement.
- The Department of Health Care Finance (DHCF) funded the program via a memorandum of understanding (MOU) with United Medical Center (UMC) for \$250,000. UMC used those funds to support a contract with George Washington University Hospital (GWUH). The contract was sole sourced to GWUH for the reasons specified in the sole source justification, including GWUH's demonstrated expertise in relevant clinical areas, healthcare training and education offerings through various affiliations, partnerships, and programs.
- Payments were made monthly pursuant to monthly invoices and reports

Background

- The DC Workforce Development Voluntary Training Program for United Medical Center was launched November 6th, 2023.
- Prior to Go-Live, The George Washington University Hospital, DHCF and United Medical Center collaborated to introduce the program to UMC employees during three October “Kick-Off” events.
- These events served as an opportunity to engage UMC employees by presenting the program’s purpose of providing voluntary education to all disciplines, both clinical and non-clinical. Personal and professional benefits of the voluntary education were emphasized to encourage participation.
- UMC employees that completed the assigned training would be considered for preferential hiring at Cedar Hill Regional Medical Center.
- Contract administration/program implementation required the ongoing close coordination of UMC, GWUH, and DHCF.

Program Development

- Utilizing the HealthStream eLearning platform, Learning Management System (LMS) Administrators from George Washington University Hospital created customized eLearning course assignments based on departments, job titles, specialties, background and needs.
- Topics included a variety of courses addressing Patient Safety, Patient Rights, Chain of Command and Escalation, Compassion Connected Care, Preventing Workplace Violence, Environment of Care, and Radiation and MRI Safety.
- Jane AI® on HealthStream utilizes knowledge and critical thinking assessments.
Examples include:
 - Healthcare Worker Behavioral Fit Assessment (for all disciplines)
 - Cardiac Rhythm Identification Assessment (Basic and Advanced)
 - RN- Intensive Care AI Clinical Judgement Assessment
- Jane AI® assessments provide individual feedback and uses artificial intelligence algorithms to personalize clinical competency development plans for nurses and other healthcare professionals.

Participant Account Activation & Access

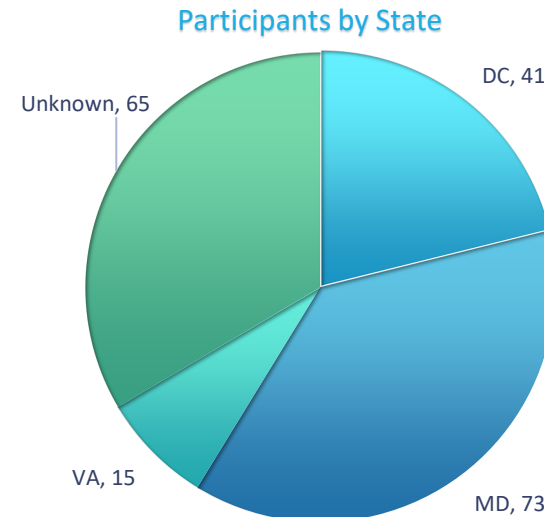
- Employees interested in participating were able to register in person and via email.
- Eligibility criteria for participation included full-time UMC employees.
- Once eligibility was confirmed, a HealthStream account was created by a GWUH LMS Administrator. Utilizing the individual's email address as their log-in User ID, creation of their own password and a password reminder field provided ease of access to the system and improved the overall user experience.
- The URL link directly to the HealthStream login page was provided by email to expedite user access, along with a "Helpful Hints" tip sheet that provided the link, instructions for log-in, recommended computer settings and suggestions for navigating the eLearning platform.
- GWUH LMS Administrators provided HealthStream eLearning on site support in UMC's computer training center. A calendar of dates and times were provided in advance to UMC employees. Two 4-hour sessions in person, as well as 4 hours of virtual support were offered each month.
- On-site support allowed UMC employees to register in person, ask questions and receive hands on assistance with any difficulties they had with accessing the system or courses.
- GWUH LMS Administrators were also able to instruct users on accessing the HealthStream catalog, which provided thousands of optional eLearning courses that the participants could choose from, for their own personal growth and knowledge.

Program Objectives

- Provide staff development opportunities for clinical and non-clinical personnel at UMC
- Increase staff's knowledge and critical thinking
- Provide educational support during process

General Program Participation Overview

- Total 215 participants from 31 departments
- 40% (n=85) of participants joined the program in November 2023
- Participants by the State of Residence
 - DC 21% (n=41)
 - VA 8% (n=15)
 - MD 38% (n=73)
 - Unknown/Other 33% (n=65) due to residence not disclosed at time of registration
- Online Learning Management System:
 - UHS HealthStream
 - Jane AI® Assessment



General Program Participation Overview

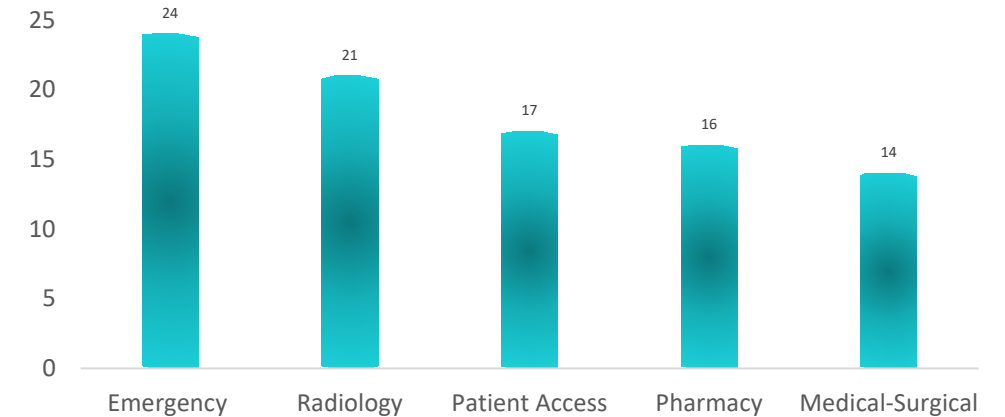
- Top 5 Departments

- Emergency Department
- Radiology
- Patient Access
- Pharmacy
- Medical-Surgical

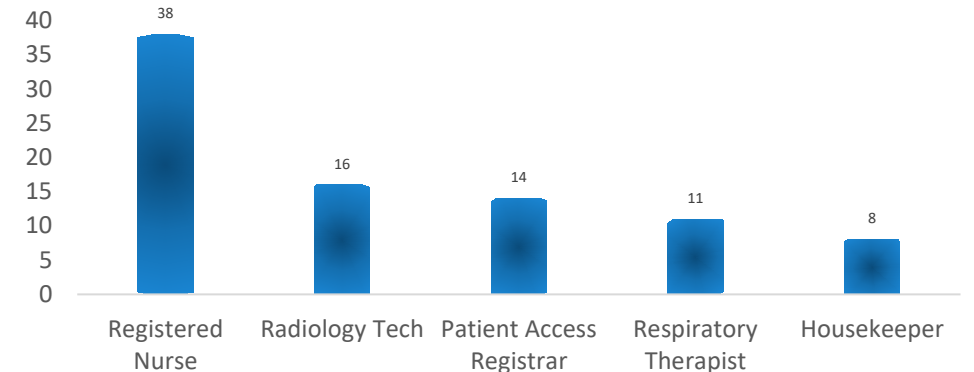
- Top 5 Job Titles

- Registered Nurse
- Radiology Tech
- Patient Access Registrar
- Respiratory Therapist
- Housekeeper

Top 5 Departments

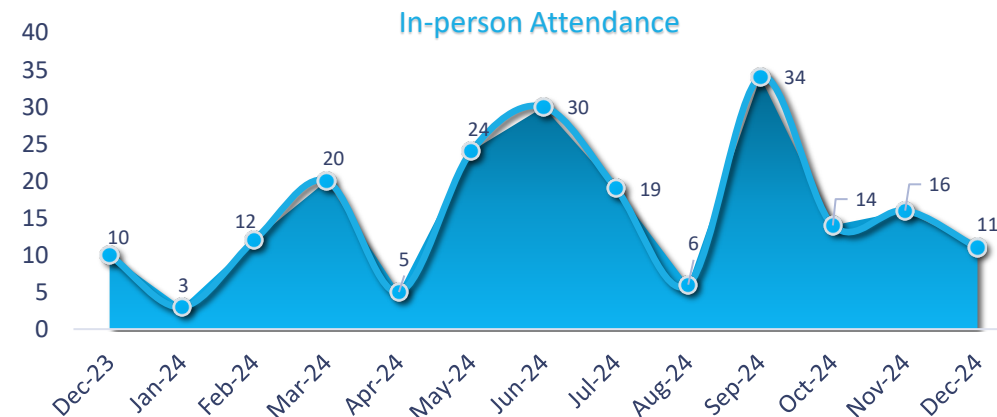


Top 5 Job Titles



General Program Participation Overview

- 28 on-site administrator support sessions at United Medical Center November 2023-December 2024
 - Two 4-hour sessions each month
 - 204 attendees total
- To increase participation:
 - Created registration link to allow participants to register at any time
 - Created custom email address for participants to email for virtual support (registration, password reset, course assignments, troubleshooting)
 - Created flyer to announce on-site support sessions
 - Eligibility criteria expanded to include part-time/PRN employees
 - Email reminder sent the day before on-site session
 - Overhead hospital announcement when administrator on-site
 - Coordination of Cedar Hill Regional Medical Center Job Fairs



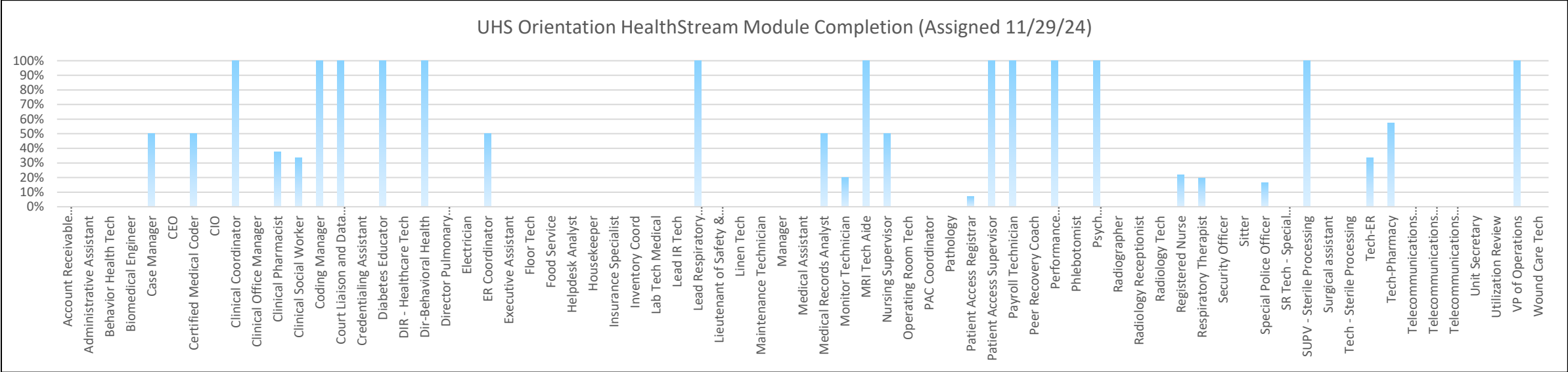
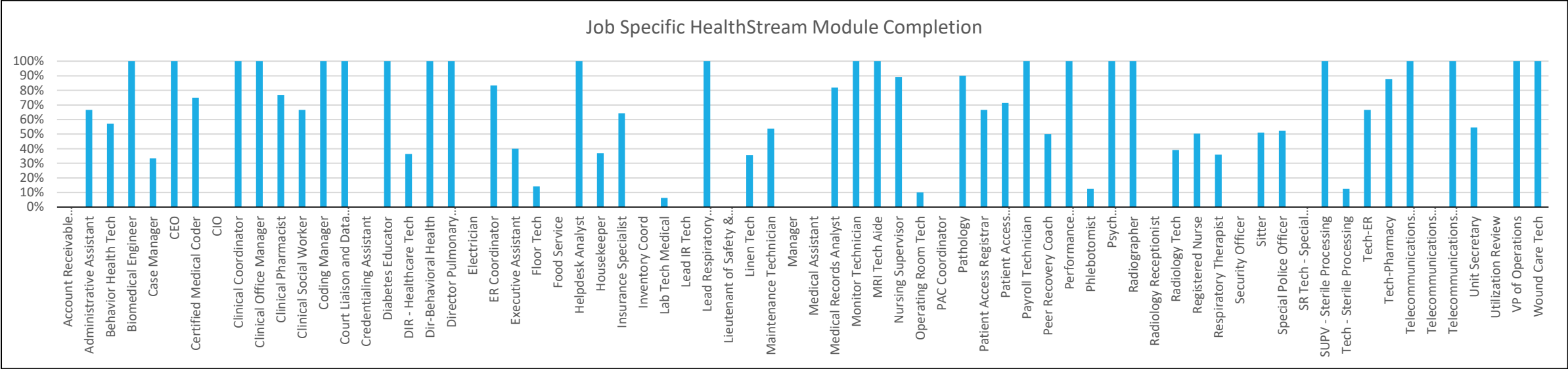
Overall Course Completion Data

- Participant logins to the education platform - 84%
- Participants completion of at least one (1) learning module – 144 (67%)
- UHS HealthStream course completion - 42% (n=3578)
 - Job specific modules (54%)
 - Additional UHS Orientation courses added 11/29/24 (20%)
- Jane AI® Assessment completion - 48% (n=400)

HealthStream Completion

- HealthStream is a Learning Management System that delivers self paced learning modules to help develop healthcare staff. Learning modules were assigned based on job title/department.
- Total number of HealthStream (HS) courses assigned – 3578
- Total number of HS courses completed – 1488 (42%)
 - Job specific modules (54%)
 - Additional UHS Orientation courses added 11/29/24 (20%)
- Top 5 Courses
 - UHS Chain of Command and Escalation
 - UHS Compassionate Connected Care Introduction
 - Prevention of Patient Pressure Injuries and Safe Patient Handling
 - UHS Medline ERASE CAUTI Foley Catheters
 - Outcomes & Indicators: Central Line-Associated Bloodstream Infection (CLABSI)

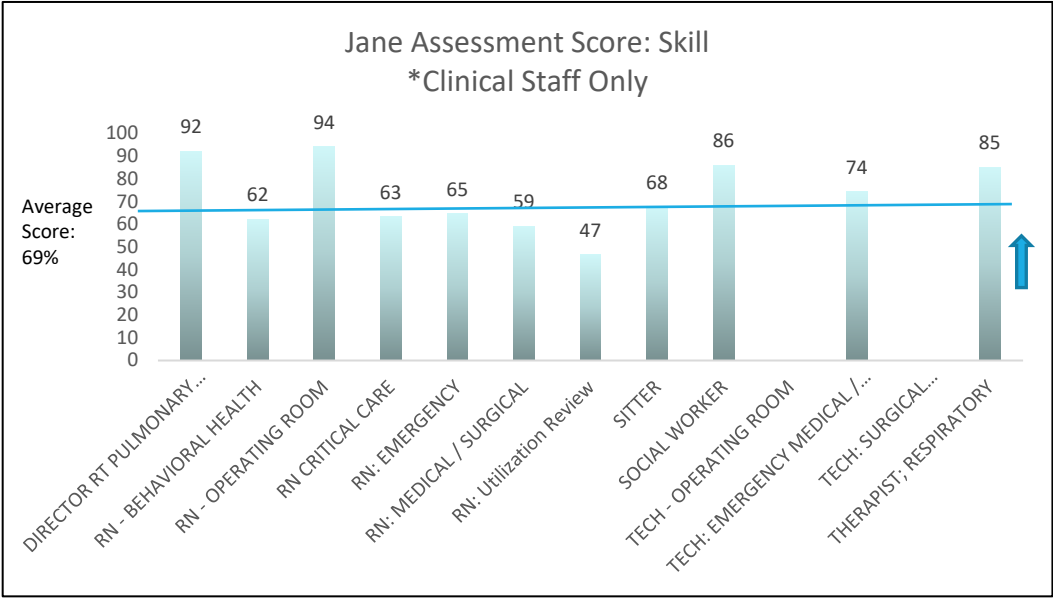
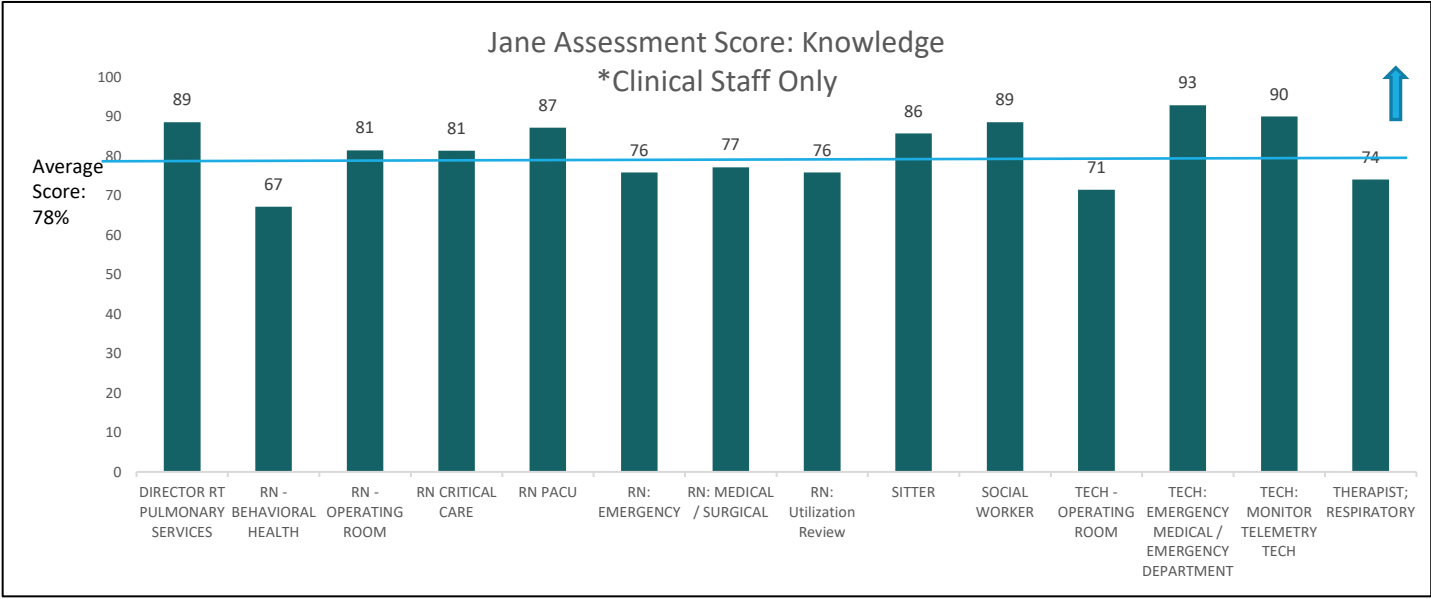
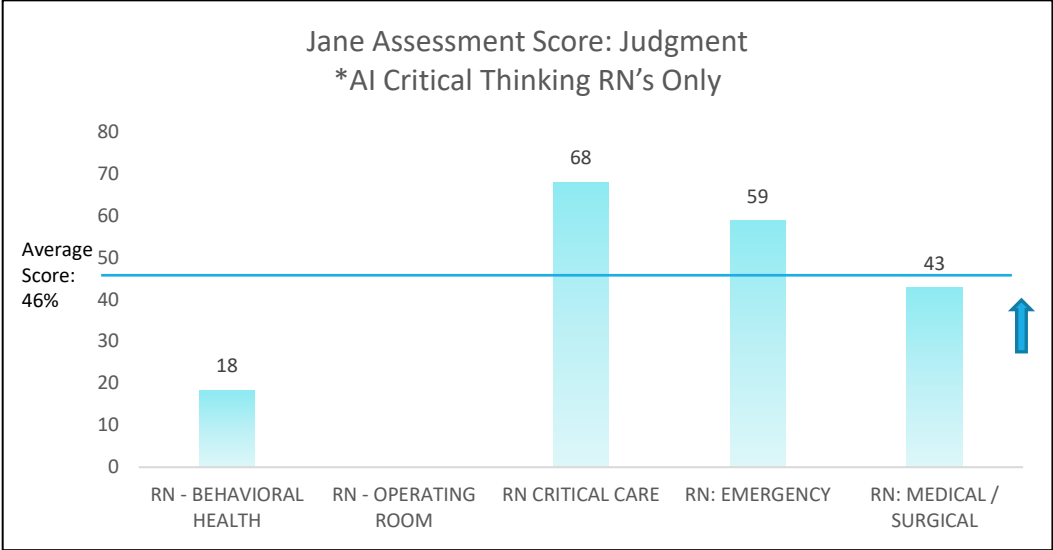
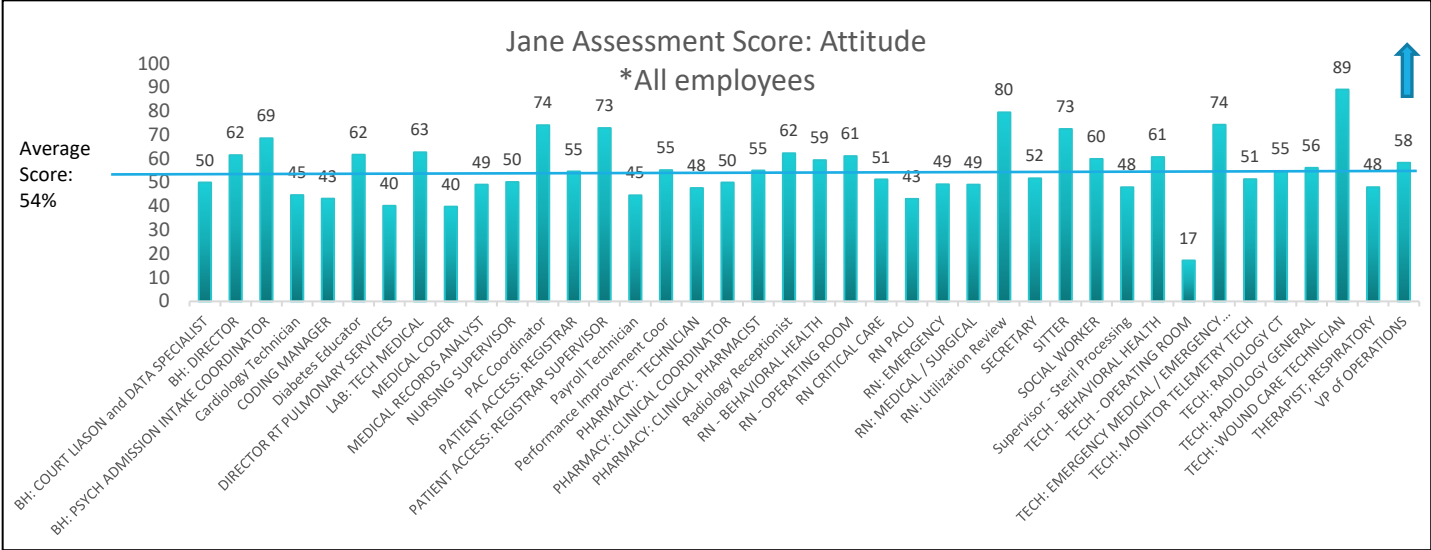
HealthStream Completion



Jane Assessments Completion

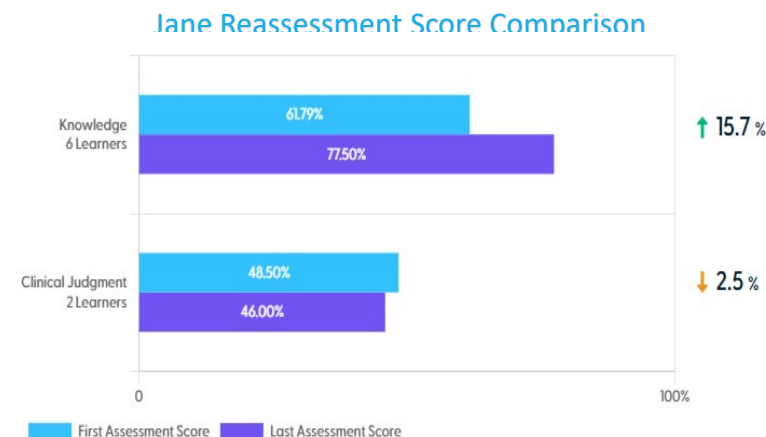
- Jane AI® is an artificial intelligence powered platform that helps medical facilities evaluate and improve the competency of their staff. Jane's knowledge assessment uses specialty and subspecialty pathways that contain assessments for the four components of competency: knowledge, skill, attitude and judgement
- Total number of assessments assigned - 400
- Total number of assessments completed - 192 (48%)
- Overall Attitude Assessment score – 54%
 - Available for all participants
- Overall Knowledge Assessment score - 78%
 - Only available for clinical roles (RN, Respiratory Therapist, Social Works, Sitters, Technicians)
- Overall Skill Assessment score – 69%
 - Only available for clinical roles (RN, Respiratory Therapist, Social Works, Sitters, Technicians)
- Overall Judgement Assessment (AI Critical Thinking) score – 46%
 - Only available for RN's

Jane Assessments Scores



Jane AI[®] Assessments Scores

- Participants that scored less than 80% on the Knowledge Assessment or Judgement Assessment were assigned a personalized training plan and the assessment was reassigned.
 - 27 assessments reassigned
 - 8 Participants (24%) completed the reassessment
 - Reassessment scores increased by 15.7% (61.8% to 77.5%) for Knowledge
 - Reassessment scores decreased by 2.5% (48.5% to 46.0%) for Judgement
- It was identified that the Attitude assessment was one of the lowest score.
- As a result, additional UHS Orientation modules were assigned
 - Sexual Harassment Prevention for Employees
 - UHS Code of Conduct
 - UHS Compliance Training
 - UHS Cybersecurity Training
 - UHS HIPAA Privacy Training
 - UHS Preventing Workplace Violence



Challenges/Barriers

- Enrollment numbers decreased in February-March 2024
 - Interventions:
 - Continue to engage UMC employees via email, huddles, newsletters, etc.
 - Eligibility criteria expanded to include part-time/PRN employees that were previously ineligible
- Lack of participation in on-site support sessions in December 2023-February 2024
 - Interventions:
 - Creation of flyer to announce on-site support sessions. Flyer emailed to participants on several occasions.
 - Email reminder sent the day before each on-site session
 - Overhead hospital announcement when administrator on-site
- Several participants separated from the organization
- Changes in program leadership

Lessons Learned

- Better utilization of individualized training plans within Jane to improve knowledge and critical thinking scores
- Encouraged completion of reassessments to compare 1st and 2nd attempts at assessments to determine if there was an improvement in knowledge or judgement.
- The 90 day deadline was not enforced. Although assignments were made with a 90 day due date, participants were still able to complete them past the due date. Enforcement of the 90 day deadline may have encouraged participants to complete the modules timely.

Successes/Milestones

- 215 Participants enrolled
 - 85 Participants registered at kick-off
 - 60% increase in enrollment throughout the program
- Participants were engaged in program
 - 84% logged in to platform
 - 67% completed at least 1 module
 - 37 completed 100% ALL assigned modules
 - 89 participants completed 100% assigned job specific modules
 - 40 participants completed 100% assigned UHS orientation modules
 - Several participants enrolled in additional modules and continuing education courses after completing assigned training
- In-person administrator support sessions were well attended. This allowed participants the opportunity to register on-site, ask questions, trouble-shoot platform issues or find additional training modules.
 - 204 attendees
- Jane Knowledge Reassessment scores increased by 15.7%
- Individuals were encouraged to maintain /print completion transcripts for their personal records. GW LMS Administrators will maintain access to transcripts for future reference and merging transcripts into future UHS, Cedar Hill Regional Medical Center employee accounts if warranted.

UMC's Voluntary Healthcare Professional Training Program Dashboard

Last Update:
2/5/25

Modified By:
Chantel Skipper

Sector:
Education

Health Stream Dashboard

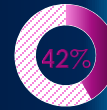
Jane Dashboard



Participant Logins
N=215



Healthstream Completion
N=3578



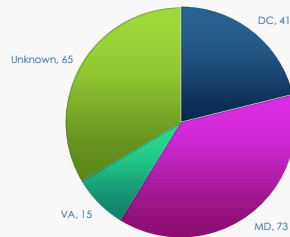
Participants with Completion of Atleast 1 Module



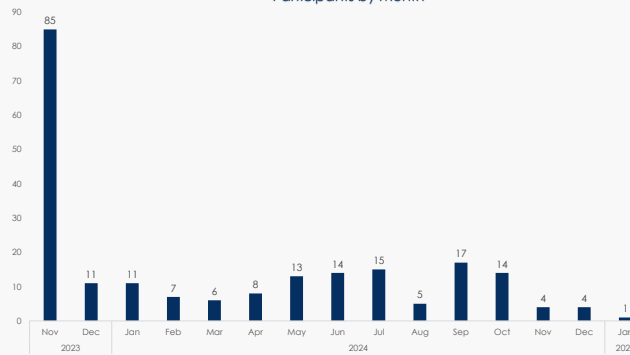
Jane Assessment Completion
N=400



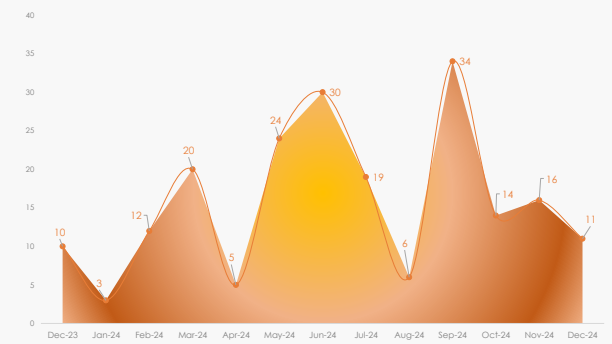
Participants by State



Participants by Month



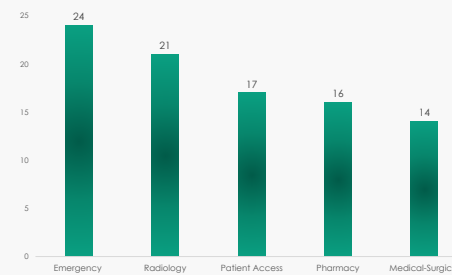
In-person Attendance



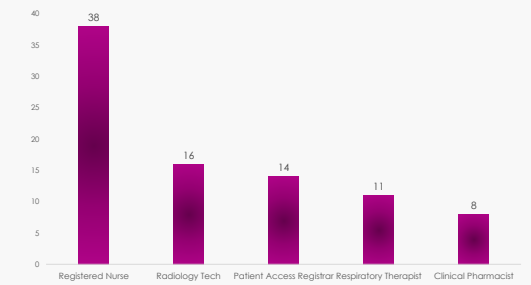
Participants by Department



Top 5 Departments



Top 5 Job Titles



Participant Analysis

UMC's Voluntary Healthcare Professional Training Program Dashboard

Healthstream is a Learning Management System that delivers self paced learning modules to help develop healthcare staff. Learning modules were assigned based on job title/department.

Last Update:
2/5/25

Modified By:
Chantel Skipper

Sector:
Education

Jane Dashboard

Participant Dashboard

Health Stream Analysis

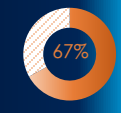
Job Specific Module Completion	
Item	(Multiple Items)
Job Titles	Completion
Account Receivable Supervisor	0%
Administrative Assistant	67%
Behavior Health Tech	57%
Biomedical Engineer	100%
Case Manager	33%
CEO	100%
Certified Medical Coder	75%
CIO	0%
Clinical Coordinator	100%
Clinical Office Manager	100%
Clinical Pharmacist	77%
Clinical Social Worker	67%
Coding Manager	100%
Court Liaison and Data Specialis	100%
Credentialing Assistant	0%
Diabetes Educator	100%
DIR - Healthcare Tech	36%
Dir-Behavioral Health	100%
Director Pulmonary Services	100%
Electrician	0%
ER Coordinator	83%
Executive Assistant	40%
Floor Tech	14%
Food Service	0%
Helpdesk Analyst	100%
Housekeeper	37%
Insurance Specialist	64%
Inventory Coord	0%
Lab Tech Medical	6%
Lead IR Tech	0%
Lead Respiratory Therapist	100%
Lieutenant of Safety & Security	0%
Linen Tech	36%
Maintenance Technician	54%
Manager	0%
Medical Assistant	0%
Medical Records Analyst	75%
Monitor Technician	100%
MRI Tech Aide	100%
Nursing Supervisor	89%
Operating Room Tech	10%
PAC Coordinator	0%
Pathology	90%
Patient Access Registrar	67%
Patient Access Supervisor	71%
Payroll Technician	100%
Peer Recovery Coach	50%
Performance Improvement Coo	100%
Phlebotomist	13%
Psch Admissions/Intake Coordir	100%
Radiographer	100%
Radiology Receptionist	0%
Radiology Tech	39%
Registered Nurse	50%
Respiratory Therapist	36%
Security Officer	0%
Sitter	51%
Special Police Officer	52%
SR Tech - Special Procedures	0%
SUPV - Sterile Processing	100%
Tech - Sterile Processing	13%
Tech-ER	67%
Tech-Pharmacy	88%
Telecommunications Engineer	100%
Telecommunications Manager	0%
Telecommunications Operator	100%
Unit Secretary	55%
Utilization Review	0%
VP of Operations	100%
Wound Care Tech	100%

UHS Orientation Module Completion (Assigned 11/29/24)	
Item	(Multiple Items)
Job Title (Nursing)	Completion
Account Receivable Supervisor	0%
Administrative Assistant	5%
Behavior Health Tech	5%
Biomedical Engineer	54%
Case Manager	14%
CEO	54%
Certified Medical Coder	54%
CIO	0%
Clinical Coordinator	100%
Clinical Office Manager	14%
Clinical Pharmacist	43%
Clinical Social Worker	38%
Coding Manager	100%
Court Liaison and Data Specialist	100%
Credentialing Assistant	0%
Diabetes Educator	100%
DIR - Healthcare Tech	0%
Dir-Behavioral Health	100%
Director Pulmonary Services	14%
Electrician	0%
ER Coordinator	57%
Executive Assistant	14%
Floor Tech	0%
Food Service	0%
Helpdesk Analyst	14%
Housekeeper	2%
Insurance Specialist	7%
Inventory Coord	0%
Lab Tech Medical	0%
Lead IR Tech	0%
Lead Respiratory Therapist	100%
Lieutenant of Safety & Security	0%
Linen Tech	7%
Maintenance Technician	10%
Manager	0%
Medical Assistant	0%
Medical Records Analyst	50%
Monitor Technician	31%
MRI Tech Aide	100%
Nursing Supervisor	50%
Operating Room Tech	0%
PAC Coordinator	0%
Pathology	14%
Patient Access Registrar	14%
Patient Access Supervisor	86%
Payroll Technician	100%
Peer Recovery Coach	7%
Performance Improvement Coor	100%
Phlebotomist	0%
Psch Admissions/Intake Coordinat	100%
Radiographer	14%
Radiology Receptionist	0%
Radiology Tech	5%
Registered Nurse	23%
Respiratory Therapist	22%
Security Officer	0%
Sitter	4%
Special Police Officer	18%
SR Tech - Special Procedures	0%
SUPV - Sterile Processing	100%
Surgical assistant	0%
Tech - Sterile Processing	0%
Tech-ER	38%
Tech-Pharmacy	61%
Telecommunications Engineer	14%
Telecommunications Manager	0%
Telecommunications Operator	14%
Unit Secretary	3%
Utilization Review	0%
VP of Operations	100%
Wound Care Tech	14%

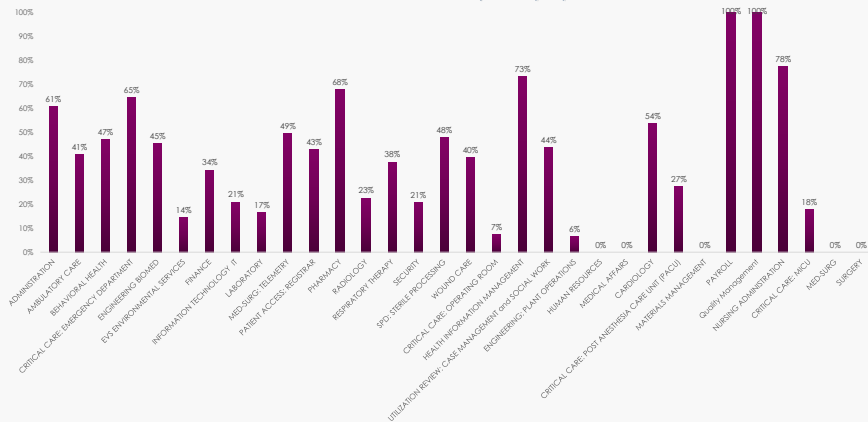
Healthstream
Completion
N=3578



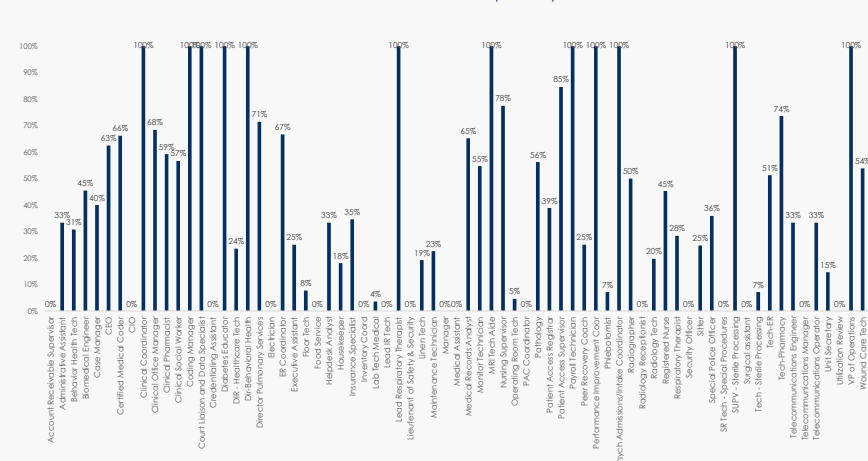
Participants
with
Completion
of Atleast 1
Module



Overall Healthstream Completion by Department



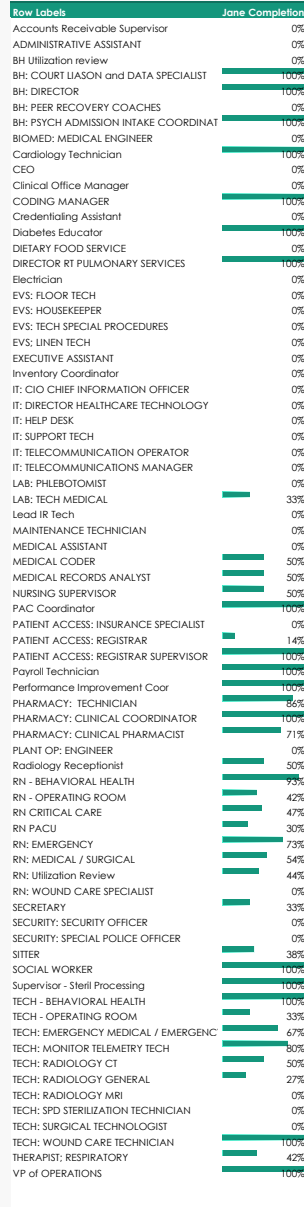
Overall Healthstream Completion by Job Title



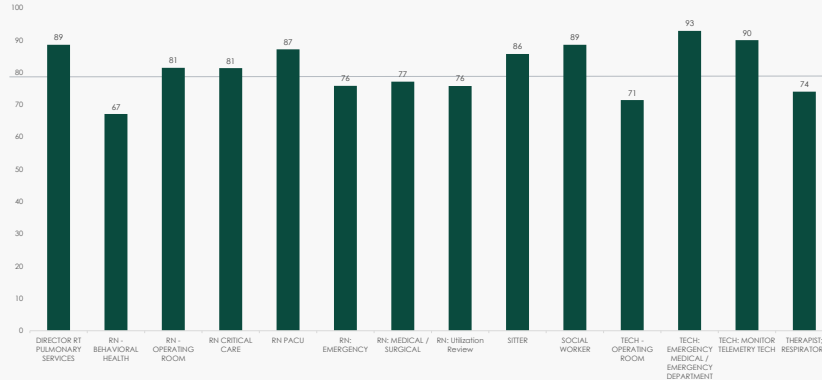
UMC's Voluntary Healthcare Professional Training Program Dashboard

Jane is an artificial intelligence (AI®) powered platform that helps medical facilities evaluate and improve the competency of their staff. Jane's knowledge assessment uses specialty and subspecialty pathways that contain assessments for the four components of competency: knowledge, skill, attitude and judgement

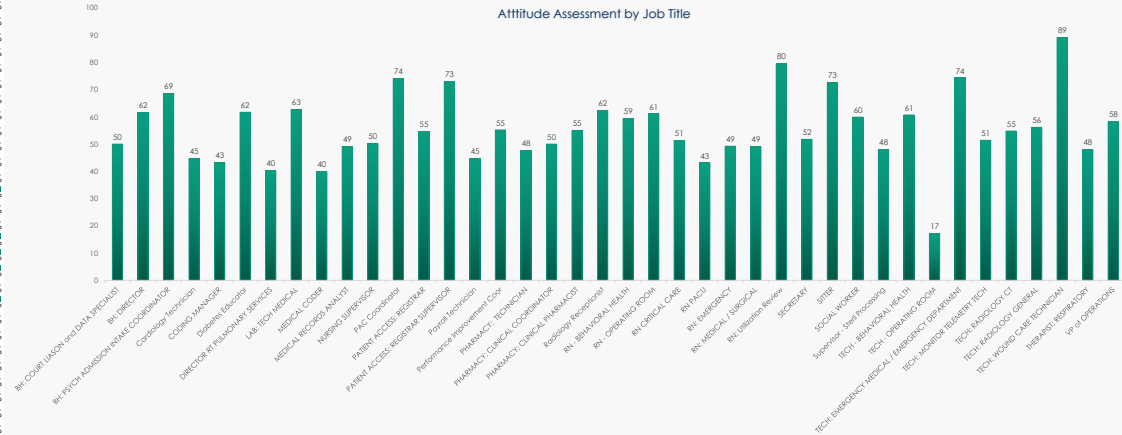
Jane Module Completion by Job Title



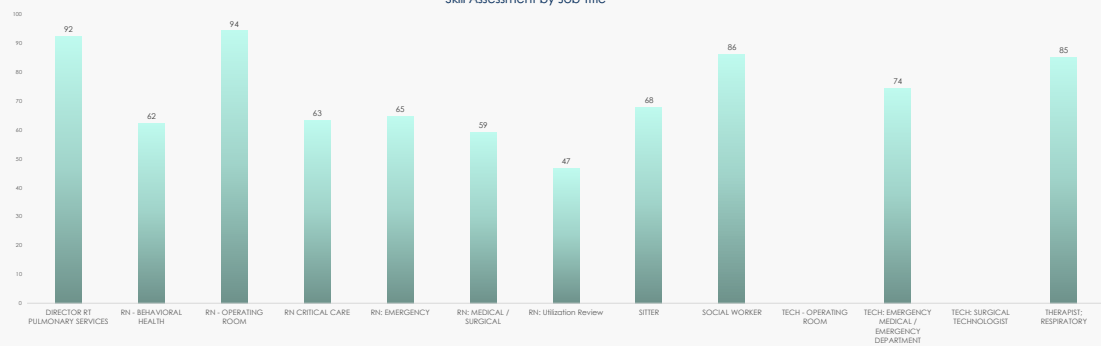
Knowledge Assessment by Job Title



Attitude Assessment by Job Title



Skill Assessment by Job Title



Jane Assessment Completion N=400



Jane Overall Knowledge Assessment Score





UMC

UNITED
MEDICAL CENTER

**Monthly Board
Meeting**

**Date: February
26 2025**

**Financial Report
Summary for January
2025**

**Lilian Chukwuma
Chief Financial Officer**



Not For Profit Hospital Corporation
United Medical Center

Board of Directors Meeting
Preliminary Financial Report Summary
For the month ending January 31, 2025

DRAFT



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2. Financial Summary
3. Key Indicators with Graphs
4. Income Statement with Prior Year Numbers
5. Balance Sheet
6. Cash Flow



Gap Measures Tracking

Not-For-Profit Hospital Corporation
FY 2025 Actual Gap Measures
As of March 31, 2025

	FY 2025 Original Initiatives	Initiatives Not Realized	Realized/ Recognized	

Net Loss from Operations Before District Subsidy
District Subsidy

(\$25,144,000)
\$26,000,000
\$856,000



Report Summary

- **Revenue**

- ❖ **Total operating revenues are lower than budget by 11% (\$1M) MTD and 11% (\$4M) YTD despite District subsidy reflected in the period.**
- ❖ **Net patient revenue is lower than budget by 18% (\$1.1M) MTD and 18% (\$4.7M) YTD due to the following:**
 - ❖ **Admissions are lower than budget by 14% MTD and 21% YTD.**
 - ❖ **Patient days are lower than budget by 13% MTD and 16% YTD.**
 - ❖ **Emergency room visits are lower than budget by 2% MTD and YTD respectively.**

- **Expenses**

- ❖ **Total operating expenses are lower than budget by 4% (\$374K) MTD but higher than budget by 4% (\$1.3M) YTD due to the following:**
 - ❖ **Salaries are lower than budget by 25% (\$975K) MTD and 7% (\$1.1M) YTD due to reduction in FTE because of the closing process, however overtime is still trending at over \$1M for the period.**
 - ❖ **Employee Benefits are lower than budget by 13% (\$129K) MTD but higher than budget by 4% (155K) YTD.**
 - ❖ **Contract labor is higher than budget by 20% (\$212K) MTD and 42% (\$1.8M) YTD as a result of agency use even though patient days are trending very low.**
 - ❖ **Professional fees are lower than budget by 15% (\$166K) MTD and 18% (\$798K) YTD due to reductions as a result of the closing process.**
 - ❖ **Purchased services are higher than budget by 28% (\$230K) MTD and 10% (\$332K).**



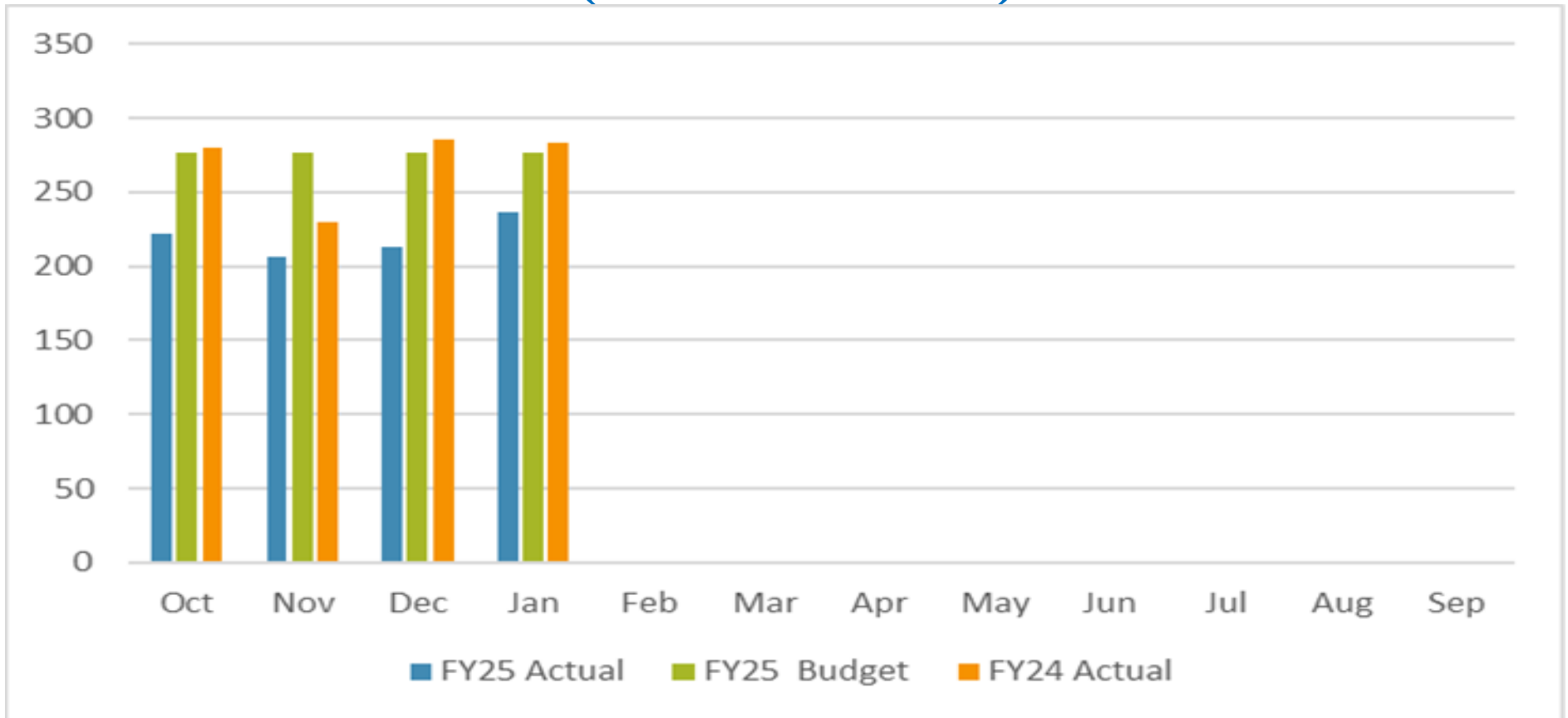
Key Indicators

Fiscal Year 2025 thru 01/31/25

Key Performance Indicators	Calculation	MTD Actual	MTD Budget	MTD FY24	Actual Trend	Desired Trend
VOLUME INDICATORS:						
Admissions (Consolidated)	Actual Admissions	236	276	283	▼	▲
Inpatient/Outpatient Surgeries	Actual Surgeries	50	84	83	▼	▲
Emergency Room Visits	Actual Visits	2,826	2,893	2,970	▼	▲
PRODUCTIVITY & EFFICIENCY INDICATORS:						
Number of FTEs	Total Hours Paid/Total Hours	440	601	553	▼	▼
Case Mix Index	Total DRG Weights/Discharges	1.30	1.00	1.17	▲	▲
Salaries/Wages and Benefits as a % of Total Expenses	Total Salaries, Wages, and Benefits /Total Operating Expenses	48%	47%	45%	▲	▼
PROFITABILITY & LIQUIDITY INDICATORS:						
Net Account Receivable (AR) Days (Hospital)	Net Patient Receivables/Average Daily Net Patient Revenues	110	52	32	▲	▼
Cash Collection as a % of Net Revenue	Total Cash Collected/ Net Revenue	102%	92%	118%	▼	▲
Days Cash on hand	Total Cash /(Operating Expenses less Depreciation/Days)	36	45	97	▼	▲
Operating Margin % (Gain/Loss YTD)	Net Operating Income/Total Operating Revenue	-16.0%	1.0%	-19.2%	▼	▲



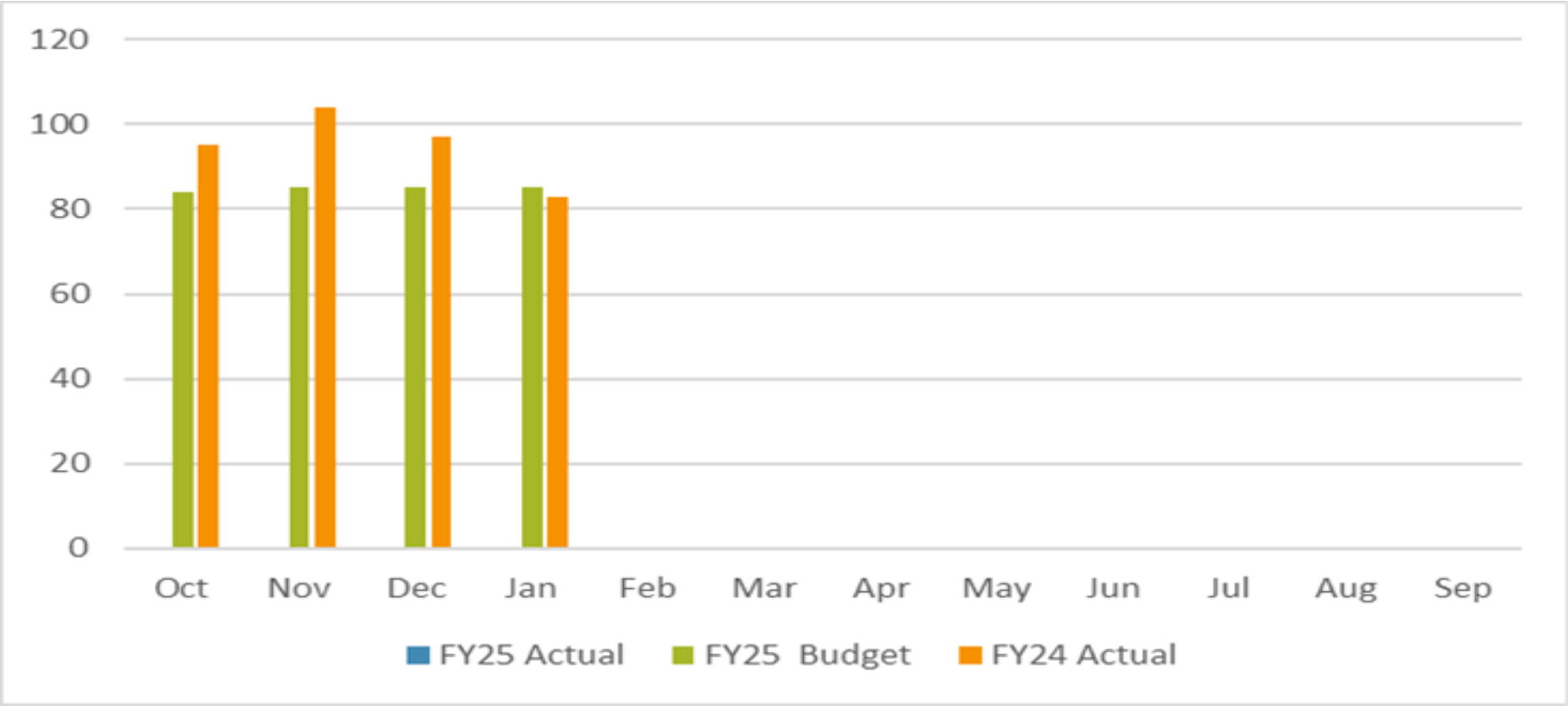
Total Admissions (Consolidated)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY25 Actual	222	206	213	236								
FY25 Budget	276	276	276	276								
FY24 Actual	280	230	286	283								



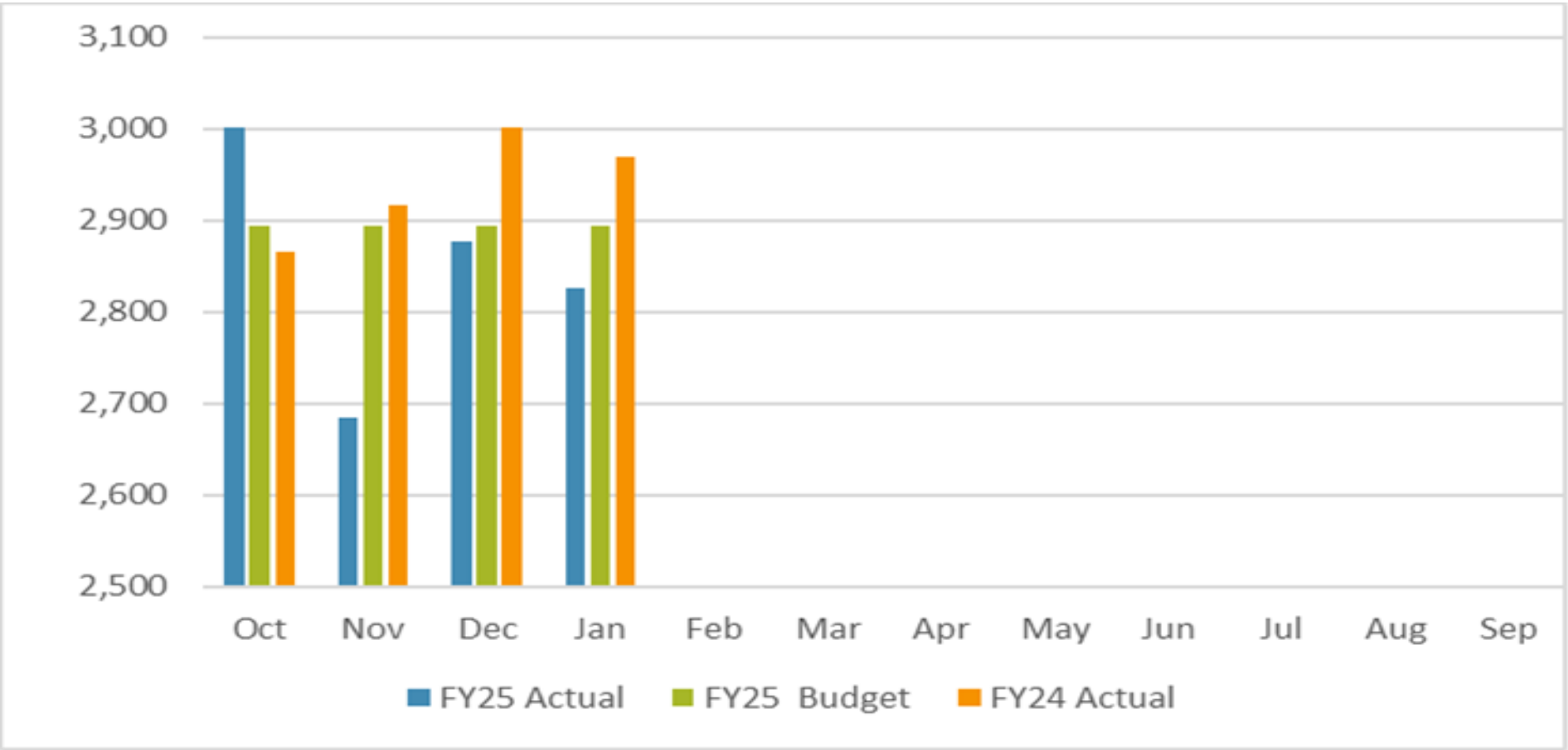
Inpatient/Outpatient Surgeries



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY25 Actual	0	0	0	0								
FY25 Budget	84	84	84	84								
FY24 Actual	95	104	97	83								



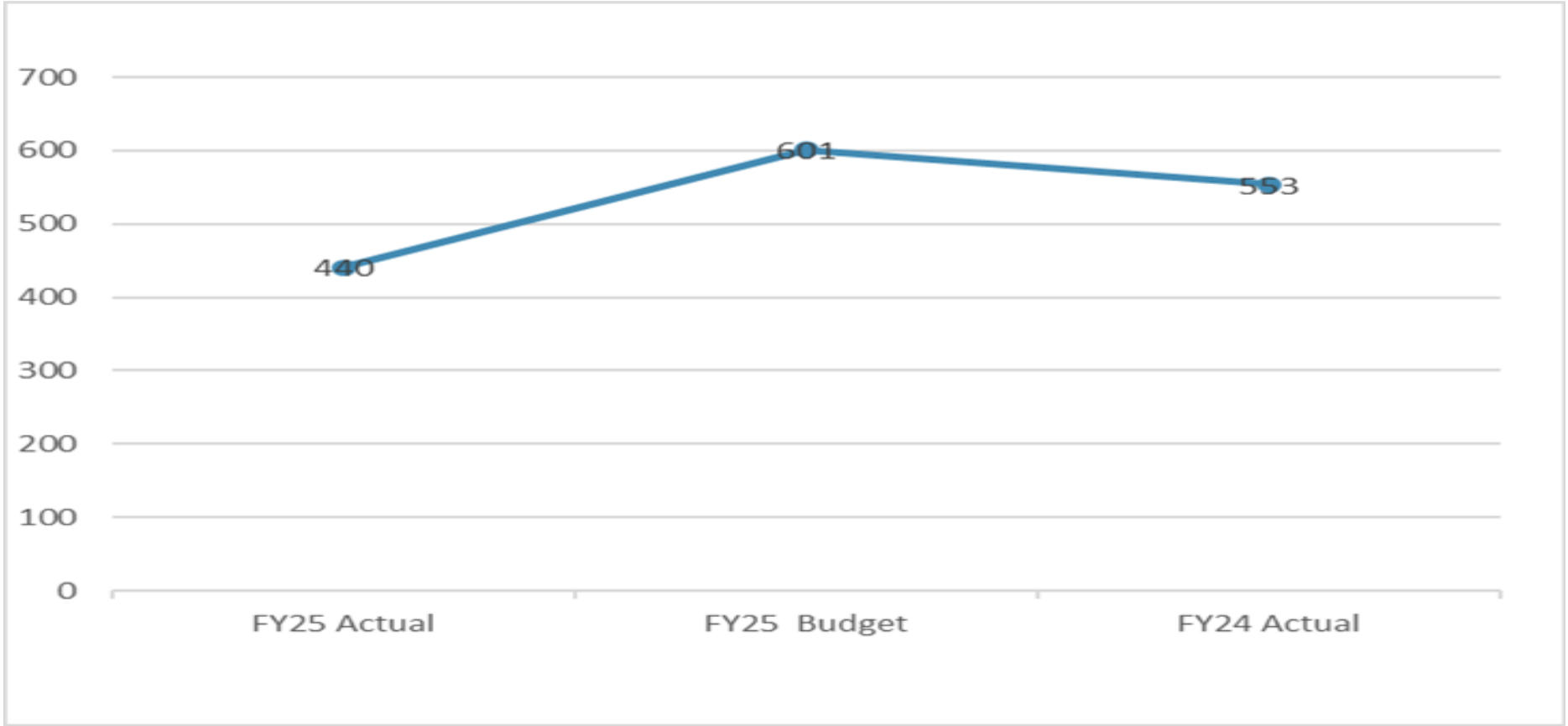
Total Emergency Room Visits



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY25 Actual	3,002	2,684	2,876	2,826								
FY25 Budget	2,893	2,893	2,893	2,893								
FY24 Actual	2,865	2,916	3,002	2,970								



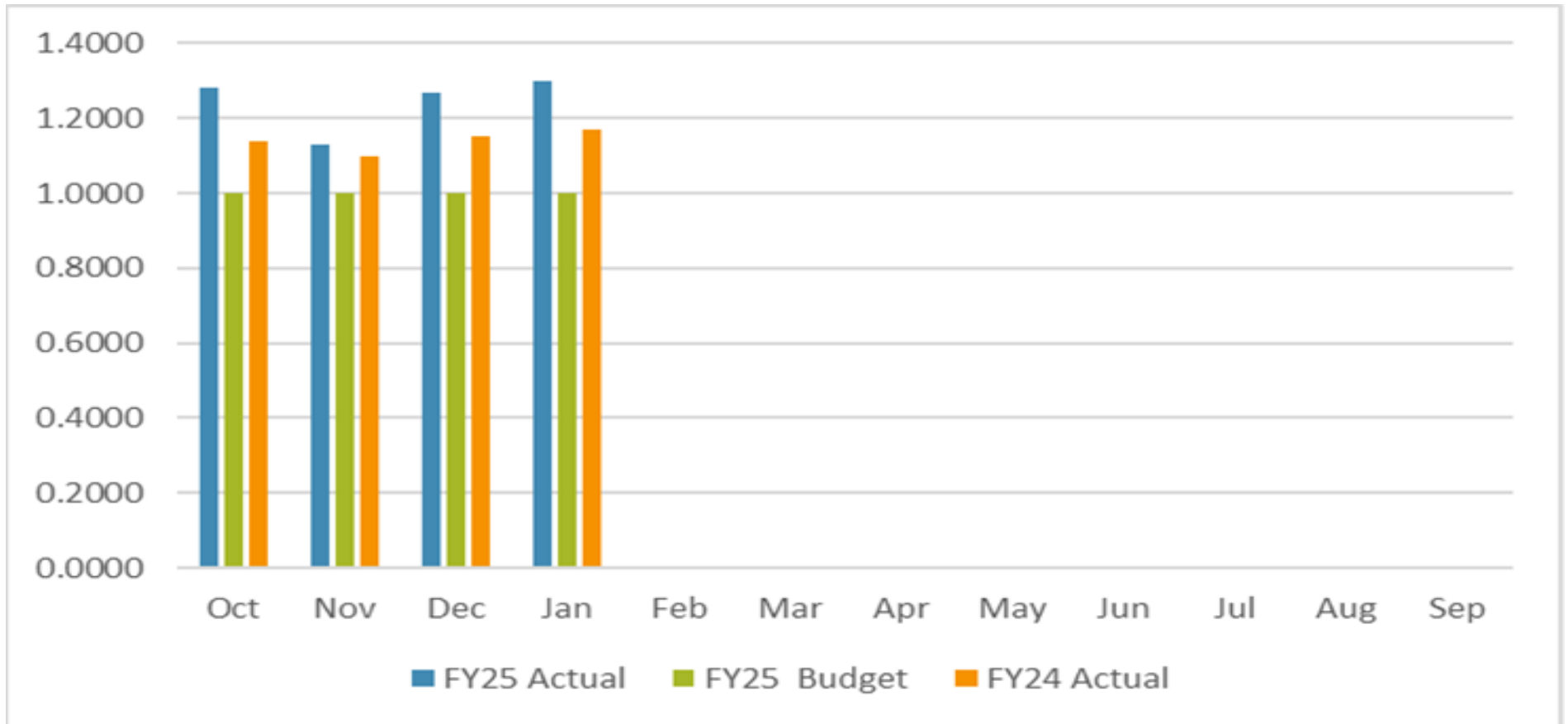
Number of FTEs



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY25 Actual	455	448	444	440								
FY25 Budget	601	601	601	601								
FY24 Actual	555	547	562	553								



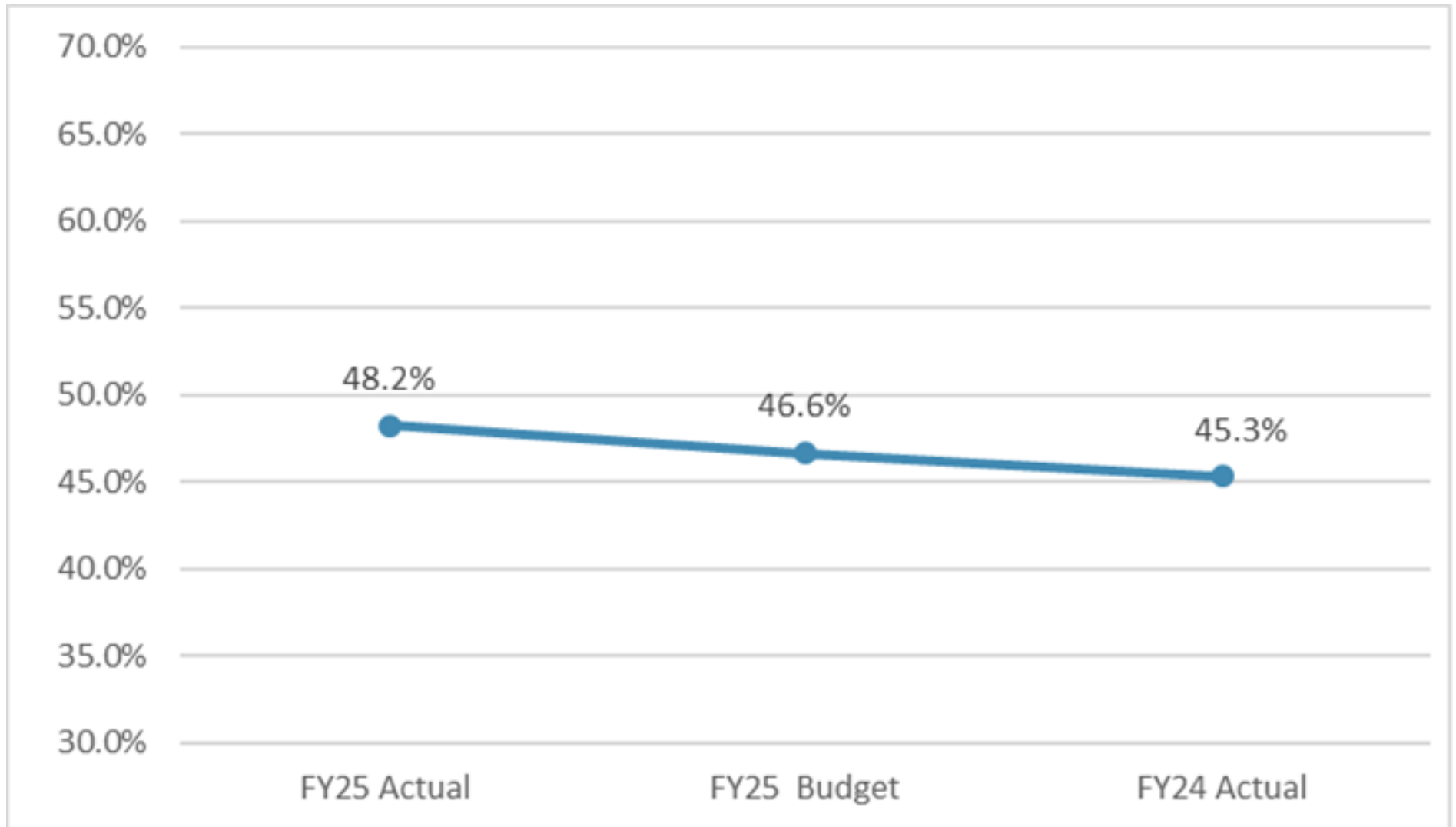
Case Mix Index



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY25 Actual	1.2800	1.2700	1.1300	1.300								
FY25 Budget	1.0000	1.0000	1.0000	1.000								
FY24 Actual	1.1400	1.1000	1.1500	1.1700								

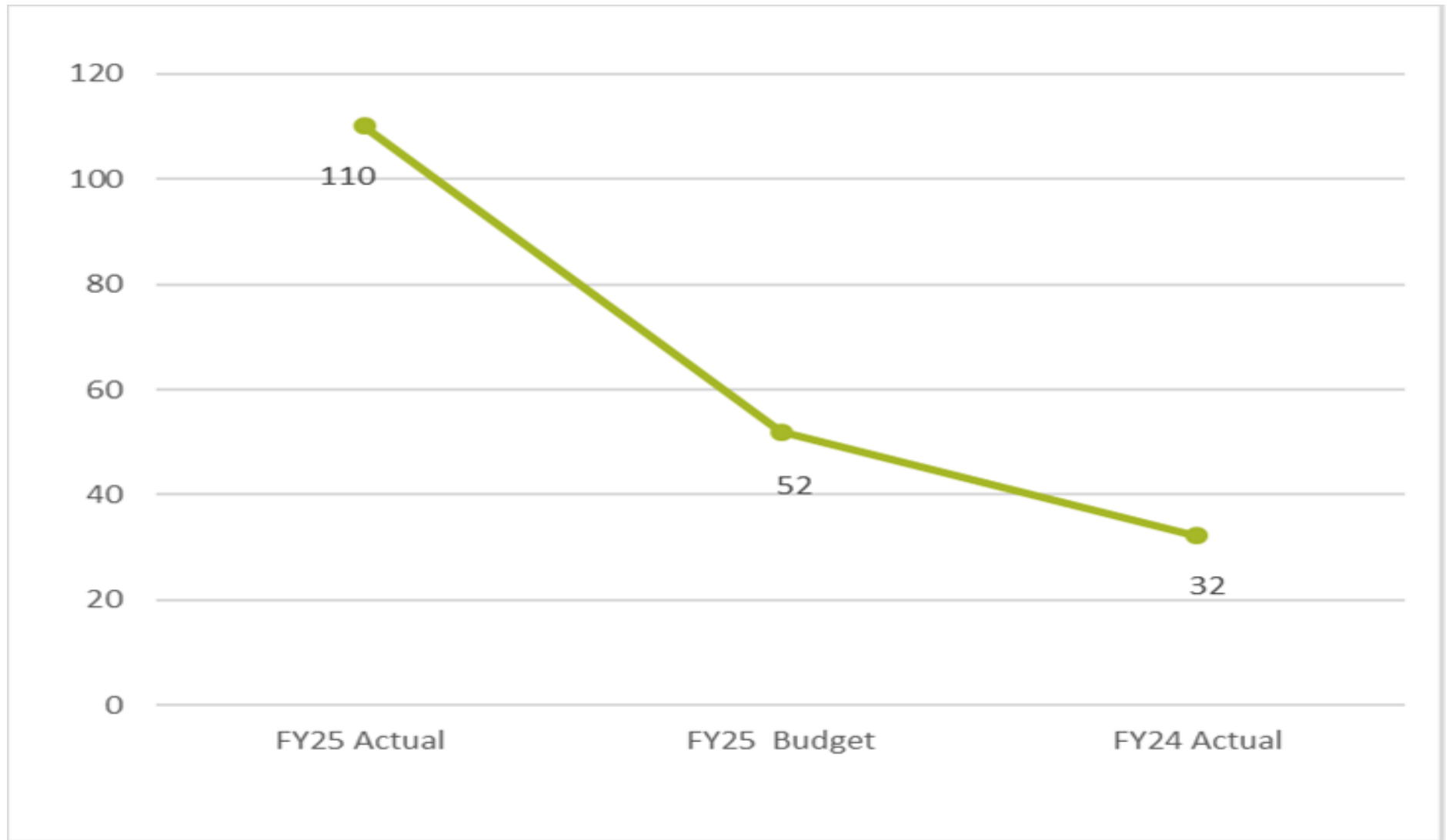


Salaries/Wages & Benefits as a % of Operating Expenses



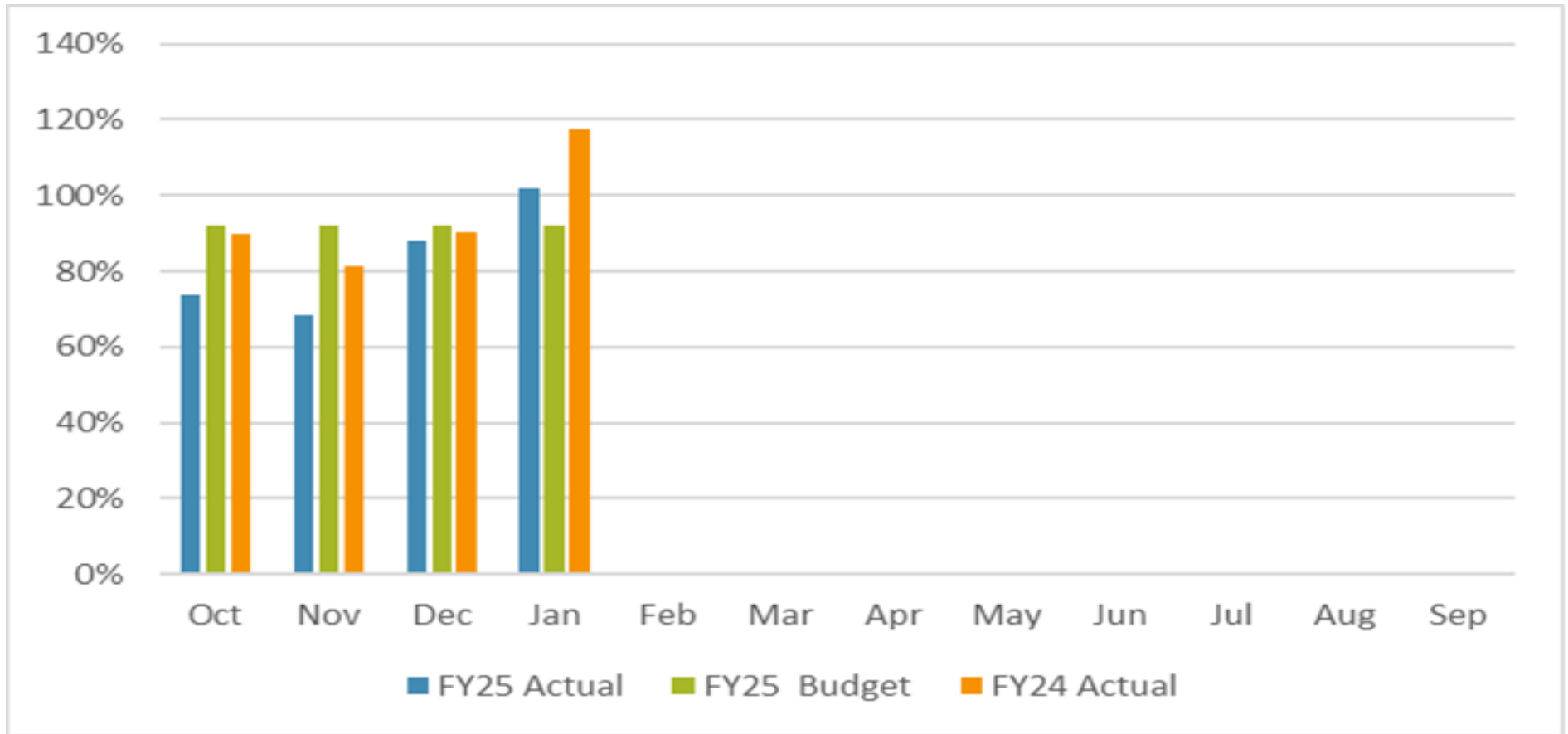


Net Accounts Receivable (AR) Days With Unbilled





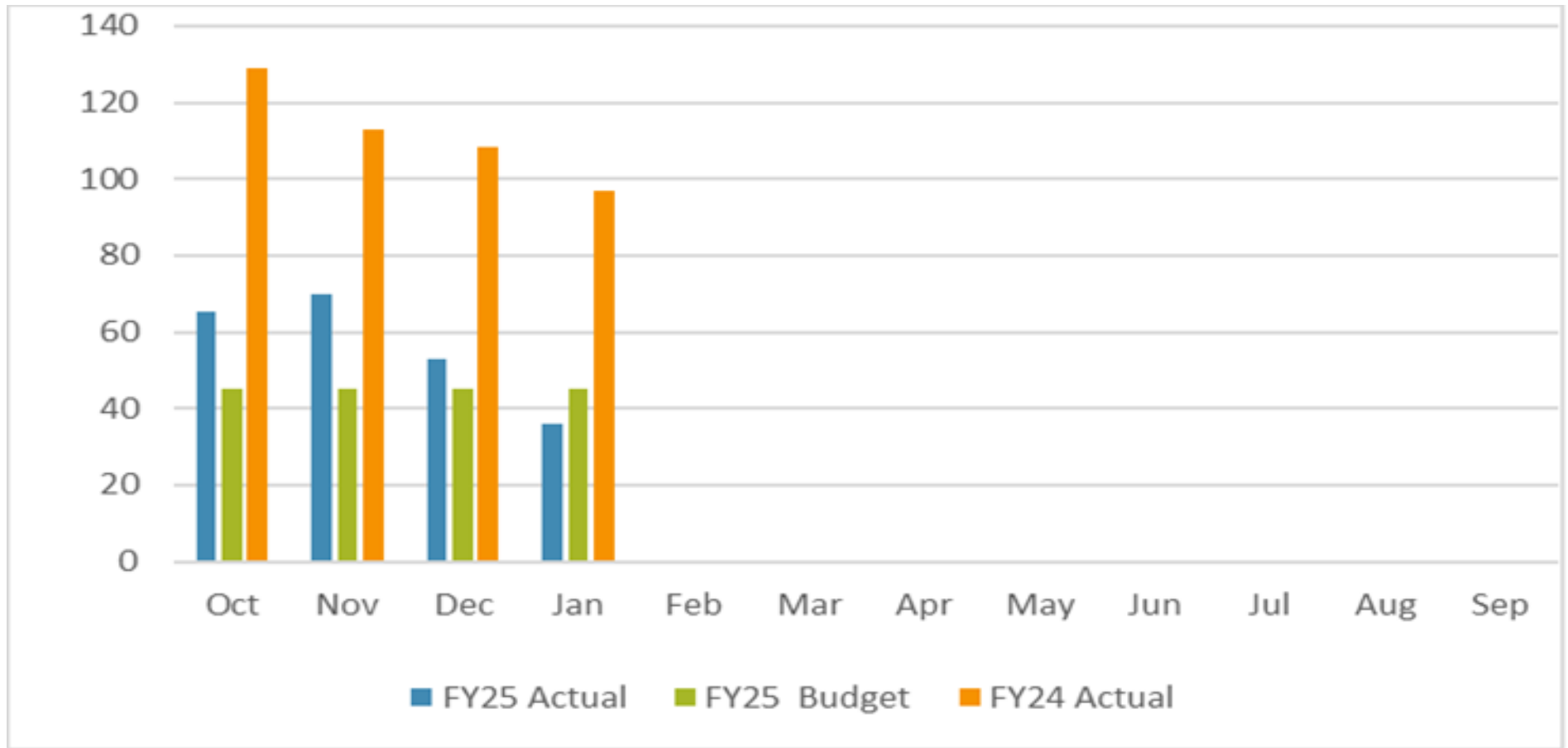
Cash Collection as a % of Net Revenues



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY25 Actual	74%	69%	88%	102%								
FY25 Budget	92%	92%	92%	92%								
FY24 Actual	90%	81%	90%	118%								



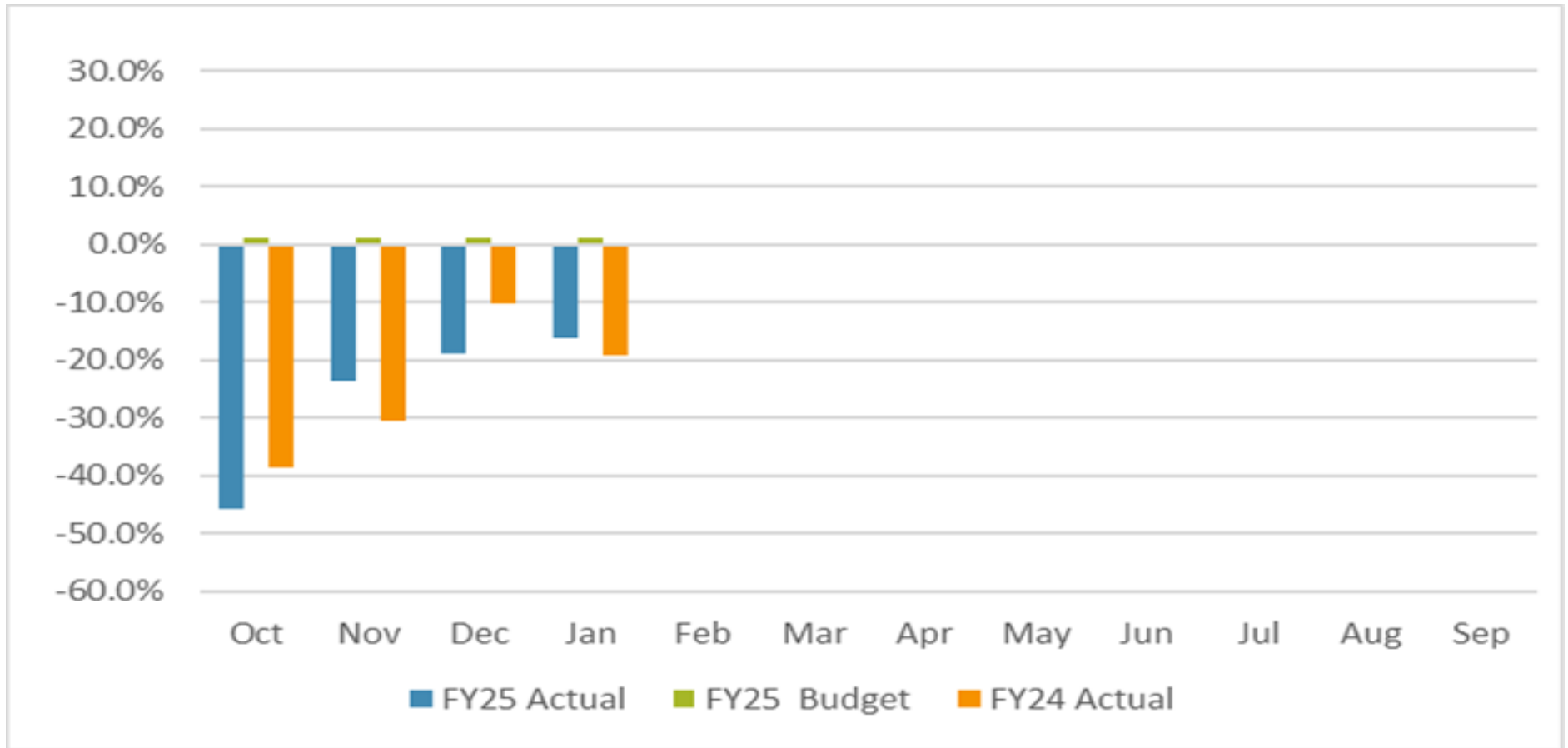
Days Cash On Hand



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY25 Actual	65	70	53	36								
FY25 Budget	45	45	45	45								
FY24 Actual	129	113	108	97								



Operating Margin % (Gain or Loss)



	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY25 Actual	-45.8%	-23.5%	-18.9%	-16.0%								
FY25 Budget	1.0%	1.0%	1.0%	1.0%								
FY24 Actual	-38.6%	-30.4%	-10.3%	-19.2%								



Income Statement

FY25 Operating Period Ending January 31, 2025

	Month of January			Variance				2025 Year to Date			Variance			
	Actual	Budget	Prior	Actual/Budget		Actual/Prior		Actual	Budget	Prior	Actual/Budget		Actual/Prior	
Statistics														
Admission	236	276	278	(40)	-14%	(42)	-15%	877	1,104	1,109	(227)	-21%	(232)	-21%
Patient Days	1,753	2,018	2,009	(265)	-13%	(256)	-13%	6,743	8,072	8,169	(1,329)	-16%	(1,426)	-17%
Emergency Room Visits	2,826	2,893	2,970	(67)	-2%	(144)	-5%	11,388	11,572	11,753	(184)	-2%	(365)	-3%
Clinic Visits	13	859	683	(846)	-98%	(670)	-98%	318	3,436	3,189	(3,118)	-91%	(2,871)	-90%
IP Surgeries	-	39	31	(39)	-100%	(31)	0%	-	156	136	(156)	-100%	(136)	-100%
OP Surgeries	-	45	52	(45)	-100%	(52)	0%	-	180	243	(180)	-100%	(243)	-100%
Radiology Visits	-	601	744	(601)	-100%	(744)	-100%	2,455	2,404	3,173	51	2%	(718)	-23%
Revenues														
Net Patient Service	5,258	6,423	(170)	(1,165)	-18%	5,428	-3198%	21,000	25,694	23,117	(4,694)	-18%	(2,117)	-9%
DSH	-	-	735	-	0%	(735)	0%	-	-	2,939	-	0%	(2,939)	-100%
CNMC Revenue	110	-	150	110	0%	(40)	-27%	441	-	601	441	0%	(160)	-27%
Other Revenue	2,882	2,867	1,375	16	1%	1,507	110%	11,585	11,467	5,406	119	1%	6,179	114%
Total Operating Revenue	8,251	9,290	2,091	(1,039)	-11%	6,160	295%	33,027	37,160	32,063	(4,134)	-11%	963	3%
Expenses														
Salaries and Wages	2,854	3,828	3,578	(975)	-25%	(724)	-20%	14,180	15,313	15,655	(1,134)	-7%	(1,476)	-9%
Employee Benefits	904	1,034	1,345	(129)	-13%	(440)	-33%	4,289	4,135	5,709	155	4%	(1,420)	-25%
Contract Labor	1,261	1,050	1,819	212	20%	(558)	-31%	5,962	4,199	4,304	1,763	42%	1,658	39%
Supplies	570	390	1,080	180	46%	(509)	-47%	1,812	1,561	1,943	251	16%	(130)	-7%
Pharmaceuticals	132	158	130	(26)	-17%	2	0%	669	633	739	36	6%	(70)	0%
Professional Fees	971	1,137	1,876	(166)	-15%	(906)	-48%	3,750	4,548	4,784	(798)	-18%	(1,034)	-22%
Purchased Services	1,054	825	1,326	230	28%	(271)	-20%	3,630	3,298	3,106	332	10%	524	17%
Other	1,125	824	1,547	301	37%	(422)	-27%	4,030	3,297	3,951	733	22%	79	2%
Total Operating Expenses	8,872	9,246	12,701	(374)	-4%	(3,829)	-30%	38,322	36,984	40,190	1,339	4%	-1,867	-5%
Operating Gain/ (Loss)	(621)	44	(10,610)	(665)	-1509%	9,989	-94%	(5,296)	176	(8,126)	(5,472)	-3104%	2,830	-35%



Balance Sheet

As of the month ending January 31, 2025

Jan - 25	Dec- 24	MTD Change		Sep-24	YTD Change
Current Assets:					
\$ 16,848	\$ 22,609	\$ (5,761)	Cash and equivalents	\$ 19,010	\$ (2,162)
14,326	14,078	248	Net accounts receivable	13,099	1,227
982	959	22	Inventories	2,701	(1,719)
3,255	3,297	(42)	Prepaid and other assets	1,669	1,586
35,410	40,943	(5,533)	Total current assets	\$ 36,479	\$ (1,069)
Long- Term Assets:					
28,385	29,485	(1,100)	Capital Assets	34,878	(6,493)
28,385	29,485	(1,100)	Total long term assets	34,878	(6,493)
\$ 63,795	\$ 70,428	\$ (6,633)	Total assets	\$ 71,357	\$ (7,562)
Current Liabilities:					
4,786	6,933	(2,147)	Trade payables	10,285	(5,499)
3,958	5,436	(1,479)	Accrued salaries and benefits	3,401	557
2,461	2,461	0	Other liabilities	1,078	1,383
11,204	14,830	(3,625)	Total current liabilities	14,764	(3,560)
Long-Term Liabilities:					
5,875	8,709	(2,833)	Unearned grant revenue	-	5,875
813	813	-	Estimated third-party payor settlements	813	(0)
3,711	3,711	-	Contingent & other liabilities	3,711	0
10,399	13,233	(2,833)	Total long term liabilities	4,524	5,875
Net Position:					
42,191	42,365	(174)	Unrestricted	52,069	(9,878)
42,191	42,365	(174)	Total net position	52,069	(9,878)
\$ 63,795	\$ 70,428	\$ (6,633)	Total liabilities and net position	\$ 71,357	\$ (7,562)



Statement of Cash Flow

As of the month ending January 2025

Month of January			<i>Dollars in Thousands</i>	
			Year-to-Date	
Actual	Prior Year		Actual	Prior Year
Cash flows from operating activities:				
\$ 3,777	\$ 11,265	Receipts from and on behalf of patients	\$ 18,398	\$ 7,068
(7,241)	(6,616)	Payments to suppliers and contractors	(23,873)	(4,470)
(5,236)	(4,653)	Payments to employees and fringe benefits	(17,912)	(4,445)
3,019	3,588	Other receipts and payments, net	15,714	(443)
(5,680)	3,584	Net cash provided by (used in) operating activities	(7,671)	(2,290)
Cash flows from investing activities:				
-	-	Proceeds from sales of investments	-	-
-	-	Purchases of investments	-	-
-	-	Receipts of interest	-	-
-	-	Net cash provided by (used in) investing activities	-	-
Cash flows from noncapital financing activities:				
-	-	Repayment of notes payable	-	-
-	-	Receipts (payments) from/(to) District of Columbia	-	15,000
-	-	Net cash provided by noncapital financing activities	-	15,000
Cash flows from capital and related financing activities:				
4	-	Net cash provided by capital financing activities	156	-
-	(38)	Receipts (payments) from/(to) District of Columbia	-	23
(84)	(37)	Change in capital assets	1,755	(56)
(80)	(75)	Net cash (used in) capital and related financing activities	1,911	(33)
(5,761)	3,509	Net increase (decrease) in cash and cash equivalents	(5,760)	12,677
22,609	45,345	Cash and equivalents, beginning of period	22,609	35,939
\$ 16,848	\$ 48,854	Cash and equivalents, end of period	\$ 16,848	\$ 48,616
Supplemental disclosures of cash flow information				
Cash paid during the year for interest expense				
Equipment acquired through capital lease				
Net book value of asset retirement costs				